| Fill in this information to identify your case: |  |                                      |
|---|--|--------------------------------------|
| United States Bankruptcy Court for the :        |  |                                      |
| NORTHERN District of ILLINOIS (State)           |  |                                      |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part     | 1:                   | Identify Yourself   |                            |   |
|----------|----------------------|---|----------------------------|---|
|          |                      |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.       | Your f               | ull name  |                            |   |
| <u> </u> | governi<br>identific | ne name that is on your<br>ment-issued picture<br>cation (for example,<br>iver's license or | Sydonnia<br>First name     | First name                                    |
|          | your ar<br>passpo    |   | Middle name                | Middle name                                   |
| i        | identific            | our picture<br>cation to your meeting<br>e trustee.   | Bramlett Last name         | Last name                                     |
| ,        | with the             | e trustee.  | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2.       | All oth              | ner names you   |                            |   |
|          | have ι<br>years      | used in the last 8  | First name                 | First name                                    |
|          |                      | your married or names.  | Middle name                | Middle name                                   |
|          |                      |   | Last name                  | Last name                                     |
|          |                      |   | First name                 | First name                                    |
|          |                      |   | Middle name                | Middle name                                   |
|          |                      |   | Last name                  | Last name                                     |
|          | -                    | he last 4 digits of<br>Social Security  | xxx - xx - <u>4254</u>     | xxx - xx                                      |
|          | Individ              | r or federal<br>ual Taxpayer  | OR                         | OR  |
| !        | iuentifi             | cation number   | <b>9</b> xx - xx           | 9xx - xx                                      |
|          |                      |   |                            |   |

Document

Sydonnia

Debtor 1

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Case Number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names<br>and Employer<br>Identification Numbers   | I have not used any business names or EINs.   | I have not used any business names or EINs.   |
|    | (EIN) you have used in the last 8 years  | Business name   | Business name   |
|    | Include trade names and doing business as names  | Business name   | Business name   |
|    | , and the second | EIN   | EIN   |
|    |  | EIN   | EIN   |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:   |
|    |  | 300 S Hamlin  |   |
|    |  | Number Street   | Number Street   |
|    |  | Unit 4G   |   |
|    |  |   |   |
|    |  | Chicago IL 60624  | Oite. Otata 7ID Oada  |
|    |  | City State ZIP Code   | City State ZIP Code   |
|    |  | COOK<br>County  | County  |
|    |  |   | orany,  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing   | Check one:  | Check one:  |
|    | this district to file for bankruptcy.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|    |  | have another reason. Explain. (See 28 U.S.C. § 1408   | I have another reason. Explain.<br>(See 28 U.S.C. § 1408  |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |

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Case Number (if known)

|     | First Name  | Middle Name              |   | Last Name   |   |  |  |
|-----|---|--------------------------|---|---|---|--|--|
| Pa  | Tell the Court About You  | ır Bankruptcy            | Case  |   |   |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you                           |                          | •   | •   |   | equired by 11 U.S.C. § 342(b) for page 1 and check the appropriate   |  |
|     | are choosing to file  | ☐ Chap                   | ter 7                                       |   |   |  |  |
|     | under   | ☐ Chap                   | ter 11                                      |   |   |  |  |
|     |   | ☐ Chap                   | ter 12                                      |   |   |  |  |
|     |   | ■ Chap                   | ter 13                                      |   |   |  |  |
| 8.  | How you will pay the fee  | local<br>yours<br>subm   | court for mo<br>elf, you may                | re details abou   | ut how you may<br>n, cashier's ched                         | Please check with the clerk's pay. Typically, if you are payinck, or money order. If your atto ttorney may pay with a credit of  | ng the fee<br>rney is  |
|     |   |                          |   |   |   | oose this option, sign and attace in Installments (Official Form   |  |
|     |   | By la<br>less t<br>pay t | w, a judge m<br>han 150% o<br>ne fee in ins | nay, but is not<br>of the official po<br>tallments). If y | required to, wait<br>overty line that a<br>ou choose this o | est this option only if you are five your fee, and may do so only pplies to your family size and your family size and your family size and your fill out the <i>App</i> B) and file it with your petition. | ly if your income is<br>you are unable to<br>olication to Have the |
| 9.  | Have you filed for bankruptcy within the                            | □ No                     |   |   |   |  |  |
|     | last 8 years?   | Yes.                     | District IInb                               | ke  | When  | 06/26/2015 Case Number   | 15-22124   |
|     |   |                          | District Nor                                | ne  | When  |  |  |
|     |   |                          | District                                    |   | When  | Case Number<br>MM / DD / YYYY  |  |
| 10. | Are any bankruptcy cases pending or being                           | ■ No                     |   |   |   |  |  |
|     | filed by a spouse who is  | ☐ Yes.                   |   |   |   | Relationship to you _  |  |
|     | not filing this case with<br>you, or by a business<br>parter, or by |                          | District                                    |   | When  | Case Number, if kr   | iown   |
|     | affiliate?  |                          | Debtor                                      |   |   | Relationship to you _  |  |
|     |   |                          |   |   |   | Case Number, if kr   |  |
|     |   |                          |   |   |   | MM / DD / YYYY   |  |
| 11. | Do you rent your residence?   | □ No.<br>■ Yes.          | Go to line 12<br>Has your lar<br>residence? |   | an eviction judgme  | ent against you and do you want to   | stay in your   |
|     |   |                          | _   | o to line 12.<br>ill out <i>Initial Stat</i>              | ement About an E  | Eviction Judgment Against You (Fo  | rm 101A) and file it with  |

Sydonnia

Debtor 1

this bankruptcy petition.

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Debtor 1

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|   | First Name   | Middle Name     | Last Name                               |                                |   |       |            |
|---|--|-----------------|---|--------------------------------|---|-------|------------|
| Pa  | rt 3: Report About Any Busin   | iesses You Ow   | n as a Sole Proprietor                  |                                |   |       |            |
| 12.   | Are you a sole proprietor of any full- or part-time business?  | ■ No.<br>□ Yes. | Go to Part 4.<br>Name and location of b | ousiness                       |   |       |            |
|   | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as                    |                 | Name of business, if any                |                                |   |       |            |
|   | a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. |                 | Number Street                           |                                |   |       |            |
|   | to this petition.  |                 | City                                    |                                |   | State | Zip Code   |
|   |  |                 | ·                                       | h 4                            | un bereite a ser                              | State | Zip Gode   |
|   |  |                 | Check the appropriate                   |                                | 11 U.S.C. § 101(27A))                         |       |            |
|   |  |                 | _                                       | ·                              | in 11 U.S.C. § 101(27A))                      |       |            |
|   |  |                 | _                                       | ·                              |   |       |            |
|   |  |                 | Stockbroker (as o                       |                                |   |       |            |
|   |  |                 | ☐ Commodity Broke                       |                                | 0.3.C. § 101(0))                              |       |            |
|   | Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).                | No.             | the Bankruptcy Code.                    | oter 11.<br>11, but I am NOT a | S.C. § 1116(1)(B).  small business debtor acc |       |            |
| Pa  | rt 4: Report if You Own or H   | ave Any Hazaro  | dous Property or Any Prop               | erty That Needs Imr            | nediate Attention                             |       |            |
| 14.   | Do you own or have any   | No.             |   |                                |   |       |            |
|   | property that poses or is<br>alleged to pose a threat<br>of imminent and   | Yes.            | What is the hazard?                     |                                |   |       |            |
| Or do you own any property that needs immediate attention? For example, do you own perishable goods, or live that must be fed, or a but | public health or safety?<br>Or do you own any  |                 | If immediate attention is               | needed, why is it no           | eeded?  |       |            |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                        |                 | -                                       |                                |   |       |            |
|   |  |                 | Where is the property? _                | Number Str                     | eet   |       |            |
|   |  |                 |   |                                |   |       |            |
|   |  |                 |   | City                           |   | State | e ZIP Code |

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Part 5:

Debtor 1

Explain Your Efforts to R

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|--|---|
| You must check one:  | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| I received a briefing from an approved credit<br>counseling agency within the 180 days before I<br>filed this bankruptcy petition, but I do not have a<br>certificate of completion.   | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:  | ☐I am not required to receive a briefing about credit counseling because of:  |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |
| Active duty. I am currently on active military duty in a military combat zone.   | Active duty. I am currently on active military duty in a military combat zone.  |
| If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.  | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.   |

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Sydonnia
First Name

Middle Name

Last Name

Part 6:

Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16. What kind of debts do you have?

16. What kind of debts do you have?

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Case Number (if known)

| Pa  | Answer These Questions  | for Reporting Purposes   |  |   |
|-----|---|--|--|---|
| 16. | What kind of debts do you have?   | as "incurred by an individual  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily money for a business or inventional money for a business of the business of | consumer debts? Consumer debts are primarily for a personal, family, or household business debts? Business debts are destinent or through the operation of the business debts are destinent or through the operation of the business debts are not consumer debts or business. | bts that you incurred to obtain ness or investment. |
| 17  | Are you filing under  |  |  |   |
| 17. | Are you filing under Chapter 7?   | No. I am not filing under Ch   | napter 7. Go to line 18.   |   |
|     | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? |  | er 7. Do you estimate that after any exemp<br>es are paid that funds will be available to dis  |   |
| 18. | How many creditors do   | 1-49   | <b>1</b> ,000-5,000  | <b>2</b> 5,001-50,000                               |
|     | you estimate that you   | □ 50-99  | <b>5</b> ,001-10,000   | <b>5</b> 0,001-100,000                              |
|     | owe?  | <b>1</b> 00-199  | <b>1</b> 0,001-25,000  | ☐ More than 100,000                                 |
|     |   | 200-999  |  |   |
| 19. | How much do you   | \$0-\$50,000   | □ \$1,000,001-\$10 million   | \$500,000,001-\$1 billion                           |
|     | estimate your assets to   | <b>\$50,001-\$100,000</b>  | ☐ \$10,000,001-\$50 million  | □\$1,000,000,001-\$10 billion                       |
|     | be worth?   | <b>\$100,001-\$500,000</b>   | ☐ \$50,000,001-\$100 million   | □\$10,000,000,001-\$50 billion                      |
|     |   | ☐ \$500,001-\$1 million  | □ \$100,000,001-\$500 million  | ☐More than \$50 billion                             |
| 20. | How much do you   | <b>\$0-\$50,000</b>  | □ \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion                          |
|     | estimate your liabilities   | \$50,001-\$100,000   | ☐ \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion                        |
|     | to be?  | \$100,001-\$500,000  | \$50,000,001-\$100 million   | \$10,000,000,001-\$50 billion                       |
|     |   | ☐ \$500,001-\$1 million  | ☐ \$100,000,001-\$500 million  | ☐ More than \$50 billion                            |
| Pa  | 11.7: Sign Below  |  |  |   |
| For | you   | I have examined this petition, and correct.  | I declare under penalty of perjury that the ir   | nformation provided is true and                     |
|     |   |  | eter 7, I am aware that I may proceed, if elig<br>nderstand the relief available under each ch   |   |
|     |   |  | did not pay or agree to pay someone who i<br>d read the notice required by 11 U.S.C. § 34  |   |
|     |   | I request relief in accordance with  | the chapter of title 11, United States Code,   | specified in this petition.                         |
|     |   | _  | nent, concealing property, or obtaining mon in fines up to \$250,000, or imprisonment for d 3571.  |   |
|     |   | ✗ /s/ Sydonnia Bramlet   | t 🗴  |   |
|     |   | Signature of Debtor 1  |  | nature of Debtor 2                                  |
|     |   |  | 7  |   |
|     |   | Executed on09/25/2017  |  | MM / DD / YYYY                                      |

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Debtor 1 Sydonnia Bramlett Fage 7 01 03
First Name Middle Name Last Name

Case Number (if known)

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Lisa LaShawn Haley         | Date     | Date: 09/26/20  | )17       |
|----------------------------------|----------|-----------------|-----------|
| Signature of Attorney for Debtor | Date     | MM / DD / YYYY  |           |
| Lisa LaShawn Haley               |          |                 |           |
| Printed name                     |          |                 |           |
| Geraci Law L.L.C.                |          |                 |           |
| Firm name                        |          |                 |           |
| 55 E. Monroe St., #3400          |          |                 |           |
| Number Street                    |          |                 |           |
| Chicago                          | IL       | 60603           |           |
| City                             |          | ZIP Code        |           |
|                                  |          |                 |           |
| Contact Phone312-332-1800        | Email ad | ldressndil@gera | cilaw.com |
| 6307614                          | IL       |                 |           |
| Bar number                       | State    |                 |           |

| Fill in this in           | nformation to iden   | tify your case:                   |                              |
|---------------------------|----------------------|-----------------------------------|------------------------------|
| Debtor 1                  | Sydonnia             |                                   | Bramlett                     |
|                           | First Name           | Middle Name                       | Last Name                    |
| Debtor 2                  |                      |                                   |                              |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name                    |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of | _ <u>ILLINOIS</u><br>(State) |
| Case Number<br>(If known) | r                    |                                   | _                            |

## Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1:  | Summarize Your Assets   |                                      |
|----------|---|--------------------------------------|
|          |   | Your assets<br>Value of what you own |
|          | e A/B: Property (Official Form 106A/B) y line 55, Total real estate, from Schedule A/B  | \$0                                  |
| 1ь. Сору | / line 62, Total personal property, from Schedule A/B   | \$ 4,651                             |
| 1с. Сору | v line 63, Total of all property on Schedule A/B  | \$ 4,651                             |
| Part 2:  | Summarize Your Liabilities  |                                      |
|          |   | Your liabilities<br>Amount you owe   |
|          | e D: Creditors Who Have Claims Secured by Property (Official Form 106D) the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0                                  |
|          | e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0<br>\$80,035                      |
| 3ь. Сору | the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  |                                      |
|          |   |                                      |
| Part 3:  | Summarize Your Liabilities  |                                      |
|          | e I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I  | \$2,814.92                           |
|          | e <i>J: Your Expenses</i> (Official Form 106J) our monthly expenses from line 22c of <i>Schedule J</i>  | \$2,614.63                           |

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Sydonnia Debtor 1

First Name Middle Name Last Name Case Number (if known) \_

| Pa | nrt 4:  | Answer These Questions for Administrative and Statistical Records   |              |  |  |  |  |
|----|---|---|--------------|--|--|--|--|
| 6. |   | e you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes |              |  |  |  |  |
| 7. | What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |   |              |  |  |  |  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$ 3,   |   |              |  |  |  |  |
| 9. |   | following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :   | Total claim  |  |  |  |  |
|    |   | estic support obligations (Copy line 6a.)   | \$_0.00      |  |  |  |  |
|    | 9b. Taxes   | s and certain other debts you owe the government. (Copy line 6b.)   | \$_0.00      |  |  |  |  |
|    | 9c. Claim   | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00      |  |  |  |  |
|    |   | ent loans. (Copy line 6f.)  | \$_61,581.00 |  |  |  |  |
|    | _   | ations arising out of a separation agreement or divorce that you did not report as aims. (Copy line 6g.)  | \$_0.00      |  |  |  |  |
|    | 9f. Debts   | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$_0.00      |  |  |  |  |
|    | 9g. <b>Total</b>  | . Add lines 9a through 9f.  | \$_61,581.00 |  |  |  |  |

|  | Caso 1 <sup>-</sup>  | 7 29746 Doc 1  | Filad 00/26/17 (   | <del>- ntor</del> ed 09/26/17 14  | 4:30:38 Des                                  | sc Main   |                |
|--|--|--|--|---|--|---|----------------|
| Fill in this in  | formation to ide   | ntify your case and this filin   | ng:  | 0 of 63   |  |   |                |
| Debtor 1   | Sydonnia   |  | Bramlett   |   |  |   |                |
|  | First Name   | Middle Name  | Last Name  |   |  |   |                |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name  | Last Name  |   |  |   |                |
| United States  | Bankruptcy Court fo  | or the : <u>NORTHERN</u> Distric   | et of <u>ILLINOIS</u>  |   |  |   |                |
| Case Number  |  |  | (State)  |   | [  | Check if this is an   |                |
| (If known)   |  |  |  |   |  | amended filing  |                |
| Official F   | orm 106A   | <u>/B</u>  |  |   |  |   |                |
| Schedul  | e A/B: Pr  | operty   |  |   |  |   | 12/15          |
| ategory where<br>esponsible for<br>ages, write you   | you think it fits<br>supplying corre<br>ur name and cas<br>Describe Each Re  | best. Be as complete and a<br>ct information. If more spac<br>e number (if known). Answ<br>sidence, Building, Land, or O | n asset only once. If an asset fit<br>accurate as possible. If two mark<br>ce is needed, attach a separate<br>wer every question.<br>ther Real Esate You Own or Have<br>any residence, building, land, c                           | ried people are filing together, sheet to this form. On the top o                 | both are equally                             |   |                |
| No. Yes.  Add the dol  | Describe<br>lar value of the p   | ortion you own for all of yo   | our entries fro Part 1, including  | any entries for pages   |  |   |                |
| you have at  | tached for Part 1  | . Write that number here   |  |   | >  |   | \$0.00         |
| Part 2:  | Describe Your Vel  | nicles   |  |   |  |   |                |
| O3. Cars, vans  No. Yes.  No.  Value of the control | Describe  Describe  Idake: Idadel: Idear: | Hyundai Sonata 2007 age: 157,000  homes, ATVs and other recors, personal watercraft, fishing to                          | Who has an interest in the pr Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is commun instructions)  creational vehicles, other vehicles, snowmobiles, motorcycle acceptable. | operty? Check one.  Ind another  Ity property (see  es, and accessories cessories | Do not deduct secured the amount of any secu | claims or exemptions. Put<br>red claims on <i>Schedule D:</i><br>aims Secured by Property<br>Current value of<br>portion you own' | the            |
|  | -  | -  | our entries fro Part 2, including  |   |  |   | \$ 0.00        |
|  |  | sonal and Household Items  |  |   |  |   |                |
| rait 5.  |  |  | of the following items?  |   |  | Current value of the  |                |
| Do you own or  | mave any legal   | or equitable interest in any   | of the following items:  |   |  | portion you own?  Do not deduct secured cor exemptions  | laims          |
|  |  | ishings<br>urniture, linens, china, kitchenwa  | are  |   |  |   |                |
| Yes.   | Describe   | Furniture, linens, small applian   | ces, table & chairs, bedroom set   |   | \$250  | \$  | <u>250.0</u> 0 |

Official Form 106A/B Record # 752492 Schedule A/B: Property Page 1 of 6

| Debtor 1 | Sydonnia Case 17-28746 | Doc 1 | Filed 09/26/17 | Entered 09/26/17 14:30:38<br>Page 11 of 63 " Syumber (if known) | Desc Main |
|----------|------------------------|-------|----------------|---|-----------|
|          | First Name Middle Name |       | Last Name      | Page 11 01 63   |           |

| 07. | Electronics                          | 5                                      |  |   |          |
|-----|--------------------------------------|--|--|---|----------|
|     |                                      |  | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games |   |          |
|     | Yes.                                 | Describe                               | TV, computer, music collection, cell phone \$100   | \$  | 100.00   |
| 08. | Collectible                          | s of value                             |  |   |          |
|     |                                      |  | nes; paintings, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles   |   |          |
|     | Yes.                                 | Describe                               |  | \$  | 0.00     |
| 09. |                                      | for sports and                         |  |   |          |
|     |                                      |  | nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments                                |   |          |
|     | Yes.                                 | Describe                               |  | \$  | 0.00     |
| 10. | Examples: No.                        | Pistols, rifles, shotç                 | guns, ammunition, and related equipment  |   |          |
|     | Yes.                                 | Describe                               |  | \$  | 0.00     |
| 11. | Clothes Examples:                    | Everyday clothes, t                    | furs, leather coats, designer wear, shoes, accessories   |   |          |
|     | Yes.                                 | Describe                               | Everyday clothes, shoes, accessories \$100   | ,<br>\$   | 100.00   |
| 12. | Jewelry Examples:   gold, silver No. | Everyday jewelry, o                    | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |   |          |
|     | Yes.                                 | Describe                               | Everyday jewelry, costume jewelry \$50   | \$  | 50.00    |
| 13. | Non-farm a<br>Examples: No.          | <b>inimals</b><br>Dogs, cats, birds, h | norses   |   |          |
|     | Yes.                                 | Describe                               |  | s   | 0.00     |
| 14. | Any other No.                        | personal and ho                        | usehold items you did not already list, including any health aids you did not list   |   |          |
|     | Yes.                                 | Describe                               |  | \$  | 0.00     |
|     |                                      |  | of your entries from Part 3, including any entries for pages you have attached er here   |   | \$500.00 |
|     | Part 4:                              | escribe Your Fin                       | ancial Assets  |   |          |
| Do  | you own or                           | have any legal                         | or equitable interest in any of the following?   | Current value of portion you ow Do not deduct sec or exemptions | n?       |
| 16. | Examples:                            | Money you have in                      | your wallet, in your home, in a safe deposit box, and on hand when you file your petition  |   |          |
|     | Yes.                                 | Describe                               |  | \$  | 0.00     |

Sydonnia Case 17-28746 Filed 09/26/17

Bramlett
Document
Last Name Doc 1

Middle Name

Entered 09/26/17 14:30:38 Page 12 of 63 umber (if known) Desc Main

| 17. | Deposits o   | f money              |                                       |  |                     |
|-----|--------------|----------------------|---------------------------------------|--|---------------------|
|     |              |                      |                                       | cates of deposit; shares in credit unions, brokerage houses,         |                     |
|     |              | imilar institutions. | If you have multiple accounts with    | the same institution, list each.                                     |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Account Type:                         | Institution name:  |                     |
|     |              |                      | Checking Account                      | Chase Bank   | <u> </u>            |
|     |              |                      |                                       |  | \$ <u>    1.0</u> 0 |
| 18. |              | -                    | ublicly traded stocks                 |  |                     |
|     |              | Bond funds, invest   | ment accounts with brokerage fire     | s, money market accounts   |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Institution or issuer name:           |  |                     |
|     |              |                      |                                       |  | \$ <u> </u>         |
| 19. | Non-public   | ly traded stock      | and interests in incorporate          | d and unincorporated businesses, including an interest in            |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Name of Entity and Percent            | f Ownership:   |                     |
|     |              |                      |                                       |  | \$0 <u>.0</u> 0     |
| 20. | Governme     | nt and corporat      | e bonds and other negotiabl           | and non-negotiable instruments                                       |                     |
|     | Negotiable   | instruments includ   | e personal checks, cashiers' chec     | ks, promissory notes, and money orders.                              |                     |
|     |              | able instruments a   | re those you cannot transfer to so    | neone by signing or delivering them.                                 |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Issuer name:                          |  |                     |
|     |              |                      |                                       |  | \$ <u> </u>         |
| 21. |              | or pension acc       |                                       |  |                     |
|     |              | Interests in IRA, E  | RISA, Keogh, 401(k), 403(b), thrif    | savings accounts, or other pension or profit-sharing plans           |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Type of account and Instituti         | n name:  |                     |
|     |              |                      | 401(k) or similar plan                | Employer   |                     |
|     |              |                      |                                       |  | \$ <u>0.0</u> 0     |
| 22. | Security de  | posits and pre       | payments                              |  |                     |
|     | Your share   | of all unused depo   | osits you have made so that you n     | ay continue service or use from a company                            |                     |
|     | Examples: /  | Agreements with la   | andlords, prepaid rent, public utilit | es (electric, gas, water), telecommunications                        |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Institution name or individua         |  |                     |
|     |              |                      |                                       |  | \$0 <u>.0</u> 0     |
| 23. | Annuities (  | A contract for a     | a periodic payment of money           | to you, either for life or for a number of years)                    |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Issuer name and description           |  |                     |
|     |              |                      |                                       |  | \$ <u>0.0</u> 0     |
| 24. | Interests in | an education I       | RA, in an account in a qualit         | ed ABLE program, or under a qualified state tuition program.         |                     |
|     | 26 U.S.C. §  | § 530(b)(1), 529A    | (b), and 529(b)(1).                   |  |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             | Institution name and descrip          | on. Separately file the records of any interests.11 U.S.C. § 521(c): |                     |
|     |              |                      |                                       |  | \$ <u>0.0</u> 0     |
| 25. | Trusts, equ  | uitable or future    | interests in property (other          | han anything listed in line 1), and rights or powers                 |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             |                                       |  |                     |
|     | ш -          |                      |                                       |  | \$ 0.00             |
| 26. | Patents, co  | pyrights, trade      | marks, trade secrets, and ot          | er intellectual property   |                     |
|     | Examples: I  | Internet domain na   | ames, websites, proceeds from ro      | alties and licensing agreements                                      |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             |                                       |  |                     |
|     | _            |                      |                                       |  | \$0.00              |
| 27. | Licenses, f  | ranchises, and       | other general intangibles             |  |                     |
|     |              |                      |                                       | ociation holdings, liquor licenses, professional licenses            |                     |
|     | No.          |                      |                                       |  |                     |
|     | Yes.         | Describe             |                                       |  |                     |
|     | _            |                      |                                       |  | \$ <u>0.0</u> 0     |

Sydonnia Case 17-28746 Doc 1 Debtor 1

Filed 09/26/17

Bramlett
Document
Last Name

Desc Main

Middle Name

Entered 09/26/17 14:30:38 Page 13 of 63 humber (if known)

| Mor | ney or prop             | erty owed to you   | J?   | Current value of the portion you own? Do not deduct secured claims or exemptions |
|-----|-------------------------|--------------------|--|--|
| 28. | Tax refund              | s owed to you      |  |  |
|     | No.                     |                    |  |  |
|     | Yes.                    | Describe           |  | \$ 0.00  |
| 29. | Family sup<br>Examples: | -                  | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement   | <u> </u>   |
|     | Yes.                    | Describe           |  |  |
| 30. | Other amo               | unts someone o     | wes vou  | \$0.00   |
|     | Examples:               | Unpaid wages, disa | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, d loans you made to someone else                 |  |
|     | Yes.                    | Describe           |  | \$ 0.00  |
| 31. | Interest in             | insurance polic    | ies  | Ψ  |
|     | Examples: No.           | -                  | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance   |  |
|     | Yes.                    | Describe           | Company Name & Beneficiary:  |  |
|     | <b>A</b> ! <b>t</b>     |                    | at is due you from a consequent to a died  | \$0.00   |
| 32. | If you are th           |                    | at is due you from someone who has died iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive is died. |  |
|     | Yes.                    | Describe           |  |  |
| 33. | _                       | -                  | s, whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue                        | \$ <u>0.0</u> 0  |
|     | Yes.                    | Describe           |  | \$ 0.00  |
| 34. | Other cont              | ingent and unlic   | uidated claims of every nature, including counterclaims of the debtor and rights   | \$0.00   |
|     | No.                     |                    |  |  |
|     | Yes.                    | Describe           |  | \$ 0.00  |
| 35. | Any financ              | ial assets you d   | id not already list  | · · · · · · · · · · · · · · · · · · ·  |
|     | Yes.                    | Describe           |  | \$0.00   |
| 200 | المساعلة المام          | lles velve -£ -''  | of voice anticle from Dout 4 including any outside for non   |  |
|     |                         |                    | of your entries from Part 4, including any entries for pages you have attached er here   | \$1.00   |
|     | _                       |                    |  |  |
|     | all G                   |                    | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.   |  |
| 37. | No. Yes.                | il of have any le  | gal or equitable interest in any business-related property?  |  |
|     |                         |                    |  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts r              | eceivable or co    | mmissions you already earned   |  |
|     | Yes.                    | Describe           |  | \$0.00   |

Sydonnia Case 17-28746 Entered 09/26/17 14:30:38 Page 14 of 63 umber (if known) Filed 09/26/17 Desc Main Doc 1 Debtor 1 Document First Name 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

|                            | No. Yes.   | Describe  |   |  |
|----------------------------|--|---|---|--|
| 40.                        |  | , fixtures, equipi  | nent, supplies you use in business, and tools of your trade   | \$0.00                                       |
|                            | No. Yes.   | Describe  |   |  |
| 41.                        | Inventory  |   |   | \$ <u>0.0</u> 0                              |
|                            | No.<br>Yes.  | Describe  |   |  |
| 42.                        | _  | n partnerships o  | r joint ventures  | \$0.00                                       |
|                            | No.  |   | Name of Entity and Percent of Ownership:  |  |
|                            | Yes.   | Describe  |   | \$ <u>0.0</u> 0                              |
| 43.                        | Customer<br>No.  | lists, mailing list   | s, or other compilations  |  |
|                            | Yes.   | Describe  |   | \$ 0.00                                      |
| 44.                        |  | ess-related prop  | erty you did not already list   | <u> </u>                                     |
|                            | No. Yes.   | Describe  |   |  |
|                            |  |   |   | \$0.00                                       |
|                            |  |   | of your entries from Part 5, including any entries for pages you have attached er here  | \$ 0.00                                      |
|                            |  |   | n- and Commercial Fishing-Related Property You Own or Have an Interest In.  |  |
|                            | an c or  |   | ve an interest in farmland, list it in Part 1.  |  |
| 46                         | _  |   |   |  |
| 46.                        | _  | n or have any le  | gal or equitable interest in any farm- or commercial fishing-related property?  |  |
| 46.                        | Do you ow  | n or have any le  |   | \$0.00                                       |
|                            | Do you ow<br>No.<br>Yes.   | Describe  | gal or equitable interest in any farm- or commercial fishing-related property?  | \$0 <u>.0</u> 0                              |
|                            | No. Yes.  Farm anim Examples: No.  | Describe  | gal or equitable interest in any farm- or commercial fishing-related property?  | \$ <u>0.0</u> 0                              |
| 47.                        | No. Yes.  Farm anim Examples: No. Yes.   | Describe  Livestock, poultry, the Describe  | gal or equitable interest in any farm- or commercial fishing-related property?  | \$0. <u>0</u> 0                              |
| 47.                        | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No.  | Describe  Livestock, poultry, to the proving or leading to the proving to the  | gal or equitable interest in any farm- or commercial fishing-related property?  | <u>,                                    </u> |
| 47.                        | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No.  | Describe  Livestock, poultry, the Describe  | gal or equitable interest in any farm- or commercial fishing-related property?  | <u>,                                    </u> |
| 47.<br>48.                 | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.   | Describe  als  Livestock, poultry, the proving or leading to the proving the pr | gal or equitable interest in any farm- or commercial fishing-related property?  | \$ <u>0.0</u> 0                              |
| 47.<br>48.                 | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.   | Describe  als  Livestock, poultry, the proving or leading to the proving the pr | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  narvested   | \$\$<br>\$0.00                               |
| 47.<br>48.                 | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and to Yes.   | Describe  Describe  Cher growing or I  Describe  Fishing equipment  | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  narvested   | \$ <u>0.0</u> 0                              |
| 47.<br>48.                 | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.  Farm and f   | Describe  Describe  Cher growing or I  Describe  Fishing equipment  | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade                      | \$0.00<br>\$0<br>\$0                         |
| 47.<br>48.<br>49.          | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.  Farm and the No. Yes.  Farm and the No. Yes.                     | Describe  Describe  Cher growing or I  Describe  Fishing equipme  Describe  Fishing supplies,  Describe   | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade                      | \$\$<br>\$0.00                               |
| 47.<br>48.<br>49.          | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.  Farm and the No. Yes.  Farm and the No. Yes.                     | Describe  als  Livestock, poultry, the growing or lesseribe  fishing equipment describe  fishing supplies, Describe  and commercial   | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed | \$0.00<br>\$0<br>\$0                         |
| 47.<br>48.<br>49.          | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and the No. Yes.  Farm and the No. Yes.  Any farm- No.      | Describe  Describe  Cher growing or I  Describe  Fishing equipme  Describe  Fishing supplies,  Describe   | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed | \$0.00<br>\$0<br>\$0                         |
| <b>47. 48. 49. 50. 51.</b> | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and the No. Yes.  Farm and the No. Yes.  Any farm- No. Yes. | Describe  als  Livestock, poultry, ther growing or leading to be provide the provide  | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  narvested  nt, implements, machinery, fixtures, and tools of trade  chemicals, and feed | \$0.00 \$0 \$0 \$0                           |

Sydonnia Case 17-28746

63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

Desc Main

\$501.00

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Describe..... 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$ 0.00 56. Part 2: Total vehicles, line 5 \$ 500.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 1.00 59. Part 5: Total business-related property, line 45 \$ 0.00 \$ 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$ 0.00 \$ 501.00 \$ 501.00 62. Total personal property. Add lines 56 through 61. .....

Record # 752492 Official Form 106A/B Page 6 of 6 Schedule A/B: Property

| Fill in this in     | formation to identif     |                                    | Yeallman <del>t</del> Ha |
|---------------------|--------------------------|------------------------------------|--------------------------|
|                     | Sydonnia                 | •                                  | Bramlett                 |
| Debtor 1            | First Name               | Middle Name                        | Last Name                |
| Debtor 2            |                          |                                    |                          |
| (Spouse, if filing) | First Name               | Middle Name                        | Last Name                |
| United States       | Bankruptcy Court for the | he : <u>NORTHERN</u> District of _ |                          |
| Case Number         | -                        |                                    | (State)                  |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 11 Identify the P  | roperty You Claim as Exempt                             |                                      |   |                                      |  |  |  |  |
|---|---|--------------------------------------|---|--------------------------------------|--|--|--|--|
| Which set of exemption  | ons are you claiming? Check                             | one only, even if your spo           | use is filing with you.   |                                      |  |  |  |  |
| You are claiming st   | tate and federal nonbankruptcy                          | y exemptions . 11 U.S.C. §           | 522(b)(3)   |                                      |  |  |  |  |
| You are claiming fe   | ederal exemptions. 11 U.S.C. §                          | 522(b)(2)                            |   |                                      |  |  |  |  |
|   |   |                                      |   |                                      |  |  |  |  |
| 2. For any property you l   | list on Schedule A/B that you                           | claim as exempt, fill in the         | he information below.   |                                      |  |  |  |  |
| Brief description of th<br>Schedule A/B that list   |   | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |  |  |  |  |
|   |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |  |  |  |  |
|   | Hyundai Sonata with over 00 miles.                      | \$_ 4,150                            | \$ _ 2,400  | 735 ILCS 5/12-1001(c) - \$2,400.00   |  |  |  |  |
| Line from Schedule A/B: 03  | _   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|   | ure, linens, small appliances,<br>& chairs, bedroom set | \$ <u>250</u>                        |   | 735 ILCS 5/12-1001(b) - \$250.00     |  |  |  |  |
| Line from  Schedule A/B: 06   | _   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
| Brief TV, co  | omputer, music collection, cell                         | \$_ 100                              | <b></b>   | 735 ILCS 5/12-1001(b) - \$100.00     |  |  |  |  |
| Line from Schedule A/B: 07  | _   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
| •   | day clothes, shoes, sories                              | \$ <u>100</u>                        | \$  | 735 ILCS 5/12-1001(a),(e) - \$100.00 |  |  |  |  |
| Line from Schedule A/B: 11  | _   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|   |   |                                      |   |                                      |  |  |  |  |
| Official Form 106C Record # 752492 Schedule C: The Property You Claim as Exempt Page 1 of 2 |   |                                      |   |                                      |  |  |  |  |

Page 17 of 63 Dogument Debtor 1 Sydonnia Last Name First Name Middle Name

|    | Brief description of the property and line on<br>Schedule A/B that lists this property |  | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|----|--|--|--------------------------------------|---|------------------------------------|
|    |  |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                    |
|    | Brief description:   | Everyday jewelry, costume jewelry      | \$ <u>50</u>                         | \$  | 735 ILCS 5/12-1001(b) - \$50.00    |
|    | Line from Schedule A/B:  | 12                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Brief description:   | Checking Account, Chase Bank, 1.00     | <u>\$1</u>                           | <b></b>   | 735 ILCS 5/12-1001(b) - \$1.00     |
|    | Line from Schedule A/B:  | <u>17</u>                              |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Brief description:   | 401(k) or similar plan, Employer, 0.00 | \$Unknown                            | <b></b>   | 735 ILCS 5/12-1006 - \$0.00        |
|    | Line from Schedule A/B:  | 21                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claimin  | g a homestead exemption of more        | e than \$155,675?                    |   |                                    |
|    | (Subject to adjus  | stment on 4/01/16 and every 3 year     |                                      | or after the date of adjustment .)                              |                                    |
|    | No.  |  |                                      |   |                                    |
|    | Yes. Did you   | acquire the property covered by the    | ne exemption within 1,215 day        | ys before you filed this case?                                  |                                    |
|    | No   |  |                                      |   |                                    |
|    | Yes.   |  |                                      |   |                                    |
|    |  |  |                                      |   |                                    |
|    |  |  |                                      |   |                                    |
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| _  | fficial Form 1060  | 752492                                 | Cabadula C. The                      | Dranasty Van Claim as Evenut                                    | Page 2 of 2                        |

| Fill in this in                           | Caso 17 formation to identif |  | Filed 00/26/17   | Entered 09/26/1<br>8 of 63 | .7 14:30:38  | Desc Main  |                                   |
|---|------------------------------|--|--|----------------------------|--|--|-----------------------------------|
| Debtor 1                                  | Sydonnia                     |  | Bramlett   |                            |  |  |                                   |
| Debtor 2                                  | First Name                   | Middle Name  | Last Name  |                            |  |  |                                   |
| (Spouse, if filing)                       | First Name                   | Middle Name  | Last Name  |                            |  |  |                                   |
| United States  Case Number  (If known)    |                              | he: <u>NORTHERN</u> District of                          | ILLINOIS (State)   |                            |  | Check if this  |                                   |
| Schedule Be as complete information. If r | and accurate as po           | ossible. If two married peopled, copy the Additional Pag | ns Secured by Prole are filing together, both an e, fill it out, number the entri                        | re equally responsible fo  |  | у  | 12/15                             |
|   | •                            | and case number (if known) secured by your property?     | ).   |                            |  |  |                                   |
| _   |                              |  | h your other schedules. You I  | have nothing else to repo  | rt on this form.   |  |                                   |
|   | I in all of the informa      |  |  |                            |  |  |                                   |
| Part 1:                                   | List All Secured Clai        | ms   |  |                            |  |  |                                   |
| for each cl                               | aim. If more than or         | ne creditor has a particular cl                          | cured claim, list the creditor so<br>aim, list the other creditors in<br>according to the creditors name | Part 2.                    | Column A  Amount of claim  Do not deduct the value of collateral | Column A  Value of collateral that supports this claim | Column C Unsecured portion If any |
|   |                              |  |  |                            |  |  |                                   |

Page 1 of 1

| Fill i                       | n this inf   | Caco 17 297/6<br>formation to identify your case  |  | Filed 00/26/17  | Entered 09/26/17 14:30:3<br>9 of 63   | 8 Desc Main          |                                 |
|------------------------------|--|---|--|---|---|----------------------|---------------------------------|
|                              |  |   |  |   | 3 01 03   |                      |                                 |
| Debt                         | or 1   | Sydonnia  |  | Bramlett  |   |                      |                                 |
|                              |  | First Name Mid  | idle Name  | Last Name   |   |                      |                                 |
| Debt                         | or 2<br>se, if filing)   | First Name Mid  | idle Name  | Last Name   |   |                      |                                 |
| (Spous                       | se, ii iiiiig)   | riist Name wiid   | ide Name   | Last Name   |   |                      |                                 |
| Unite                        | ed States E  | Bankruptcy Court for the : <u>NORTH</u>   | HERN_ Distri   | ict of <u>ILLINOIS</u><br>(State)   |   | _                    |                                 |
| Case                         | Number   |   |  | (State)   |   | Check if             | this is an                      |
| (If kn                       | own)   |   |  |   |   | amende               | d filing                        |
| Offic                        | ial Fo   | orm 106E/F  |  |   |   |                      |                                 |
| Sche                         | dule   | E/F: Creditors Who  | Have l   | Unsecured Claims  |   |                      | 12/15                           |
| /B: Pro<br>reditor<br>eeded, | operty (Cos with pa<br>copy the<br>ny additi   | Official Form 106A/B) and on So<br>artially secured claims that are   | chedule G:<br>elisted in So<br>nber the ent<br>and case nu | Executory Contracts and Une<br>chedule D: Creditors Who Ha<br>ries in the boxes on the left. A  | a claim. Also list executory contracts on So<br>expired Leases (Official Form 106G). Do not<br>ve Claims Secured by Property. If more spa<br>Attach the Continuation Page to this page. C | include any<br>ce is |                                 |
| 1. <b>Do</b>                 | any cred   | litors have priority unsecured (  | claims agai  | nst you?  |   |                      |                                 |
|                              | No Go  | to Part 2.  | _  | •   |   |                      |                                 |
| =                            | Yes.   | to rait 2.  |  |   |   |                      |                                 |
|                              |  | our priority unsecured claims.  | If a creditor  | has more than one priority uns  | secured claim, list the creditor separately for e   | ach claim. For       |                                 |
|                              |  |   |  |   | riority amounts, list that claim here and show t  |                      |                                 |
|                              |  | •   |  | •   | ing to the creditor's name. If you have more th   | • •                  |                                 |
|                              |  | claims, fill out the Continuation F<br>lanation of each type of claim, se   | _  |   | olds a particular claim, list the other creditors is<br>action booklet)   | n Part 3.            |                                 |
| (. 0                         | . а олр.   | andion or odon type or oldin, or  |  |   | Total cla   | im Priority          | Nonpriority                     |
|                              |  |   |  |   |   | amount               | amount                          |
| Part                         | 2: L   | ist All of Your NONPRIORITY Un  | secured Clai   | ms  |   |                      |                                 |
| 3. <b>Do</b>                 | any cred   | litors have nonpriority unsecu  | red claims a   | against you?  |   |                      |                                 |
|                              | No. You  | u have nothing to report in this p  | art. Submit  | this form to the court with you   | r other schedules.  |                      |                                 |
|                              | Yes.   |   |  |   |   |                      |                                 |
| 4. List                      | t all of yo  | our nonpriority unsecured clair   | ms in the al   | phabetical order of the credit  | or who holds each claim. If a creditor has mo   | ore than one         |                                 |
|                              |  |   |  |   | listed, identify what type of claim it is. Do not   |                      |                                 |
|                              |  | rant 1. If more than one creditor it the Continuation Page of Part  | •  | ticular claim, list the other cred  | litors in Part 3.If you have more than three nor  | npriority unsecured  |                                 |
|                              |  |   |  |   |   |                      |                                 |
|                              |  |   |  |   |   |                      | Total claim                     |
| 7.1                          |  | it Lenders  | _ L  | ast 4 digits of account number  |   |                      | <b>Total claim</b><br>\$ 303.00 |
| <del>7.1</del> .             | Creditor's N   | lame  |  | ast 4 digits of account number  |   |                      |                                 |
| <del>-7.1</del> -            | Creditor's N   |   |  | _   |   |                      |                                 |
| <del>-7.1</del> -            | Creditor's N<br>474 N G  | <sub>lame</sub><br>reen Bay Rd  | _ v  | _   |   |                      |                                 |
| <del>-7.1</del> -            | Creditor's N<br>474 N G<br>Number  | lame<br>reen Bay Rd<br>Street   | _ v<br>_ ^   | Vhen was the debt incurred?   |   |                      |                                 |
| <del></del>                  | Creditor's N<br>474 N G<br>Number<br>Waukega   | lame<br>reen Bay Rd<br>Street<br>an IL 60085  | _ v<br>_ ^<br>_ [  | When was the debt incurred?   |   |                      |                                 |
|                              | Creditor's N<br>474 N G<br>Number<br>Waukega   | lame<br>reen Bay Rd<br>Street   | _ v<br>_ ^<br>_ [  | When was the debt incurred?  As of the date you file, the claim  Contingent   |   |                      |                                 |
|                              | Creditor's N<br>474 N G<br>Number<br>Waukega   | an IL 60085  State Zip Coo  | _ v<br>_ ^<br>_ [  | When was the debt incurred?  Is of the date you file, the claim  Contingent  Unliquidated   |   |                      |                                 |
|                              | Creditor's N<br>474 N G<br>Number<br>Waukegi<br>City<br>ho owes<br>Debtor 1                            | an IL 60085 the debt? Check one.  | ^  | When was the debt incurred?  Is of the date you file, the claim  Contingent Unliquidated Disputed  Disputed   | is: Check all that apply.   |                      |                                 |
|                              | Creditor's N 474 N G Number  Waukega City ho owes Debtor 1 Debtor 1                                    | an IL 60085 the debt? Check one. only and Debtor 2 only   | ^  | Vhen was the debt incurred?  Is of the date you file, the claim Contingent Unliquidated Disputed  Uppe of NONPRIORITY unsecure Student loans  | is: Check all that apply.   |                      |                                 |
|                              | Creditor's N 474 N G Number  Waukegi City ho owes Debtor 1 Debtor 2 Debtor 1 At least of               | an IL 60085  Street  IL 60085  State Zip Coor  only conly and Debtor 2 only one of the debtors and another  | A  | Vhen was the debt incurred?  Is of the date you file, the claim Contingent Unliquidated Disputed  Vipe of NONPRIORITY unsecure Student loans Obligations arising out of a separate                                  | ed claim:   |                      |                                 |
|                              | Creditor's N 474 N G Number  Waukege City ho owes Debtor 1 Debtor 2 Debtor 1 At least of               | an IL 60085  Street  IL 60085  State Zip Coor  the debt? Check one.  only conly and Debtor 2 only one of the debtors and another  of this claim relates to a        | A  | Vhen was the debt incurred?  Is of the date you file, the claim Contingent Unliquidated Disputed  Vipe of NONPRIORITY unsecure Student loans Obligations arising out of a separathat you did not report as priority | ed claim:  arration agreement or divorce or claims  |                      |                                 |
| w<br>[                       | Creditor's N 474 N G Number  Waukega City ho owes Debtor 1 Debtor 2 Debtor 1 At least of Check i commu | an IL 60085  Street  IL 60085  State Zip Coor  only conly and Debtor 2 only one of the debtors and another  | A  | Vhen was the debt incurred?  Is of the date you file, the claim Contingent Unliquidated Disputed  Vipe of NONPRIORITY unsecure Student loans Obligations arising out of a separate                                  | ed claim:  arration agreement or divorce or claims  |                      |                                 |
| w<br>[                       | Creditor's N 474 N G Number  Waukega City ho owes Debtor 1 Debtor 2 Debtor 1 At least of Check i commu | an IL 60085  Street  IL 60085  State Zip Coo the debt? Check one. only e only and Debtor 2 only one of the debtors and another of this claim relates to a nity debt | A  | Vhen was the debt incurred?  Is of the date you file, the claim Contingent Unliquidated Disputed  Vipe of NONPRIORITY unsecure Student loans Obligations arising out of a separathat you did not report as priority | ed claim:  arration agreement or divorce or claims g plans, and other similar debts   |                      |                                 |

Page 20 of 63 Case Number (if known) **Document** Debtor 1 Sydonnia

Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them | beginning with 4.4, followed by 4.5, and so forth.                      | Total Claim         |
|---|---|---------------------|
| 4.2 Allied Acct                                     | Last 4 digits of account number   | <b>\$</b> _1,845.00 |
| Creditor's Name                                     |   |                     |
| 422 Bedford Ave                                     | When was the debt incurred?   |                     |
| Number Street                                       |   |                     |
|   | As of the date you file, the claim is: Check all that apply.            |                     |
|   | Contingent  |                     |
| Bellmore NY 11710                                   | ☐ Unliquidated  |                     |
| City State Zip Code                                 | Disputed  |                     |
| Who owes the debt? Check one.                       |   |                     |
| Debtor 1 only                                       |   |                     |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim: □                                  |                     |
| Debtor 1 and Debtor 2 only                          | ☐ Student loans   |                     |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce            |                     |
| Check if this claim relates to a                    | that you did not report as priority claims                              |                     |
| community debt                                      | Debts to pension or profit-sharing plans, and other similar debts       |                     |
| Is the claim subject to offest?                     | _   |                     |
| No Yes  | Other. Specify  |                     |
| T <sub>ATOT</sub>                                   | Last 4 digits of account number   | <b>\$</b> 166.50    |
| Creditor's Name                                     | Last 4 digits of account number   | <u> </u>            |
| 208 S Akard St                                      | When was the debt incurred?   |                     |
| Number Street                                       | <del></del>   |                     |
|   | As of the date was file the algebraic Charles IIII and I                |                     |
|   | As of the date you file, the claim is: Check all that apply.            |                     |
| Dallas TX 75202                                     | Contingent  |                     |
| City State Zip Code                                 | Unliquidated  |                     |
| Who owes the debt? Check one.                       | Disputed  |                     |
| Debtor 1 only                                       |   |                     |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                                    |                     |
| Debtor 1 and Debtor 2 only                          | Student loans   |                     |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce            |                     |
| Check if this claim relates to a                    | that you did not report as priority claims                              |                     |
| community debt                                      | Debts to pension or profit-sharing plans, and other similar debts       |                     |
| Is the claim subject to offest?                     |   |                     |
| No  | Other. Specify Utility Bills/Cellular Service                           |                     |
| Yes   | <del>_</del>  |                     |
| 4.4 Bottom Dollar Payday                            | Last 4 digits of account number   | \$ <u>740.00</u>    |
| Creditor's Name                                     | When was the debt incurred?   |                     |
| PO Box 7826   | when was the dept incurred?   |                     |
| Number Street                                       |   |                     |
|   | As of the date you file, the claim is: Check all that apply.            |                     |
| Overded Dedu KC CC207                               | Contingent  |                     |
| Overlad Park KS 66207                               | Unliquidated  |                     |
| City State Zip Code  Who owes the debt? Check one.  | Disputed  |                     |
| Debtor 1 only                                       |   |                     |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                                    |                     |
| Debtor 1 and Debtor 2 only                          | Student loans   |                     |
| At least one of the debtors and another             | Dbligations arising out of a separation agreement or divorce            |                     |
|   | that you did not report as priority claims                              |                     |
| Check if this claim relates to a community debt     | Debts to pension or profit-sharing plans, and other similar debts       |                     |
| Is the claim subject to offest?                     | = 2222 to periods. S. pront ordaining plants, and other offinial dobbte |                     |
| No  | Other. Specify PayDay Loan  |                     |
| Yes   |   |                     |

Page 21 of 63 Case Number (if known) **Document** Debtor 1 Sydonnia First Name

| Part 2:             | Your NONPRIORITY Unsecured Claims - Co           | ntinuation Page   |                  |
|---------------------|--|---|------------------|
| After listing       | g any entries on this page, number them be       | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim      |
| 4.5 Brig            | ght Star Case                                    | Last 4 digits of account number                                   | \$ <u>360.00</u> |
|                     | ditor's Name                                     | W   |                  |
|                     | Box 502  | When was the debt incurred?                                       |                  |
| Num                 | nber Street                                      |   |                  |
| _                   |  | As of the date you file, the claim is: Check all that apply.      |                  |
| Loc                 | Du Flambeau WI 54538                             | Contingent  |                  |
| City                |  | Unliquidated  |                  |
| ,                   | owes the debt? Check one.                        | Disputed  |                  |
| De                  | ebtor 1 only                                     |   |                  |
| De                  | ebtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                  |
| De                  | ebtor 1 and Debtor 2 only                        | Student loans   |                  |
| At                  | least one of the debtors and another             | Obligations arising out of a separation agreement or divorce      |                  |
| ☐ Cr                | neck if this claim relates to a                  | that you did not report as priority claims                        |                  |
|                     | ommunity debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                  |
|                     | claim subject to offest?                         |   |                  |
| No                  |  | Other. Specify  |                  |
| Ye                  | es<br>E Group                                    |   | <b>\$</b> 196.00 |
| L <del>+</del> .0 — | ditor's Name                                     | Last 4 digits of account number                                   | \$_190.00        |
|                     | Tower Park Dr., Ste. 900                         | When was the debt incurred?                                       |                  |
| Num                 |  |   |                  |
|                     | Box 900  | As of the date way file the plains in Obertal all that and        |                  |
| -                   |  | As of the date you file, the claim is: Check all that apply.      |                  |
| Wa                  | iterloo IA 50704                                 | Contingent  |                  |
| City                |  | Unliquidated  |                  |
| Who                 | owes the debt? Check one.                        | Disputed  |                  |
| De                  | ebtor 1 only                                     |   |                  |
| ☐ De                | ebtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                  |
| De                  | ebtor 1 and Debtor 2 only                        | Student loans   |                  |
| At                  | least one of the debtors and another             | Obligations arising out of a separation agreement or divorce      |                  |
|                     | neck if this claim relates to a                  | that you did not report as priority claims                        |                  |
|                     | ommunity debt<br>claim subject to offest?        | Debts to pension or profit-sharing plans, and other similar debts |                  |
| No                  |  | Cradit Extanded to Debter(s)                                      |                  |
| Ye                  |  | Other. Specify Credit Extended to Debtor(s)                       |                  |
|                     | LTIC BANK/Contfinco                              | Last 4 digits of account number NULL                              | <b>\$</b> 737.00 |
| _                   | litor's Name                                     |   |                  |
| 121                 | Continental Dr Ste 1                             | When was the debt incurred? 2015-2017                             |                  |
| Num                 | nber Street                                      |   |                  |
|                     |  | As of the date you file, the claim is: Check all that apply.      |                  |
|                     |  | Contingent  |                  |
| Nev                 | wark DE 19713                                    | Unliquidated  |                  |
| City                | State Zip Code owes the debt? Check one.         | Disputed  |                  |
|                     | ebtor 1 only                                     |   |                  |
| _ =                 | ebtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                  |
| _ =                 | ebtor 1 and Debtor 2 only                        | Student loans   |                  |
| _ =                 | least one of the debtors and another             | Obligations arising out of a separation agreement or divorce      |                  |
|                     |  | that you did not report as priority claims                        |                  |
|                     | neck if this claim relates to a<br>ommunity debt | Debts to pension or profit-sharing plans, and other similar debts |                  |
|                     | claim subject to offest?                         |   |                  |
| No                  |  | Other. Specify Credit Card or Credit Use                          |                  |
| Ye                  | es   | <u> </u>  |                  |

Page 22 of 63 Case Number (if known) **Document** Sydonnia Debtor 1

| Par      | Your NONPRIORITY Unsecured Claims - C              | Continuation Page   |                    |
|----------|--|---|--------------------|
| After li | sting any entries on this page, number them b      | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
| 4.8      | City of Chicago Bureau Parking                     | Last 4 digits of account number                                   | <b>\$</b> 5,500.00 |
|          | Creditor's Name                                    |   |                    |
|          | 121 N. LaSalle St                                  | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          | Room 107   | As of the date you file, the claim is: Check all that apply.      |                    |
|          | 01:  | Contingent  |                    |
|          | Chicago IL 60602                                   | Unliquidated  |                    |
| \ \ \    | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|          | Debtor 1 only                                      |   |                    |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| ļ        | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| L        | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| Ι,       | community debt s the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| l i      | No   | Other. Specify Debt Owed  |                    |
| li       | Yes  | Other. Specify  |                    |
| 4.9      | Comcast  | Last 4 digits of account number                                   | \$ <u>409.00</u>   |
|          | Creditor's Name                                    | <del> </del>  |                    |
|          | 5330 E. 65th St.                                   | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Indianapolis IN 46220                              | Unliquidated  |                    |
| ١,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
| Ì        | Debtor 1 only                                      |   |                    |
| l i      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| l i      | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|          | =  | that you did not report as priority claims                        |                    |
| "        | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| <u> </u> | s the claim subject to offest?                     |   |                    |
|          | No   | Other. Specify Utility Bills/Cellular Service                     |                    |
|          | Yes  |   |                    |
| 4.10     | Commonwealth Edison                                | Last 4 digits of account number                                   | \$ <u>1,743.05</u> |
|          | Creditor's Name                                    | When we she dold incomed?   |                    |
|          | 3 Lincoln Center 4th Floor                         | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Oakbrook Terrace IL 60181                          | Contingent  |                    |
|          | City State Zip Code                                | Unliquidated  |                    |
| v        | Vho owes the debt? Check one.                      | Disputed  |                    |
|          | Debtor 1 only                                      |   |                    |
| [        | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| [        | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| أ        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| i i      | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| '        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| !        | s the claim subject to offest?                     |   |                    |
|          | No   | Other. SpecifyUtility Bills/Cellular Service                      |                    |
|          | Yes  |   |                    |

Page 23 of 63 Case Number (if known) **Document** Sydonnia Debtor 1

| Part 2: Your NONPRIORITY Unsecured Claims - C         | Continuation Page   |                  |
|---|---|------------------|
| After listing any entries on this page, number them b | eginning with 4.4, followed by 4.5, and so forth.   | Total Claim      |
| 4.11 Credit Management Services                       | Last 4 digits of account number   | <b>\$</b> 587.69 |
| Creditor's Name                                       |   |                  |
| 25 Northwest Point Blvd., #750                        | When was the debt incurred?   |                  |
| Number Street   |   |                  |
|   | As of the date you file, the claim is: Check all that apply.  |                  |
| FIL Cross Village II C0007                            | Contingent  |                  |
| Elk Grove Village IL 60007                            | Unliquidated  |                  |
| City State Zip Code Who owes the debt? Check one.     | Disputed  |                  |
| Debtor 1 only   |   |                  |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only                            | Student loans   |                  |
| At least one of the debtors and another               | Obligations arising out of a separation agreement or divorce  |                  |
| Check if this claim relates to a community debt       | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                       | Debts to pension of profit-straining plans, and other similar debts   |                  |
| No  | Other. Specify Credit Card or Credit Use  |                  |
| Yes   | Cution. Opcomy  |                  |
| 4.12 Equifax  | Last 4 digits of account number   | \$ <u>0.00</u>   |
| Creditor's Name                                       | When was the debt incurred? 9/23/2017 12:00:00 AM   |                  |
| PO Box 740241   | When was the debt incurred? 9/23/2017 12:00:00 AM   |                  |
| Number Street   |   |                  |
|   | As of the date you file, the claim is: Check all that apply.  |                  |
| Atlanta GA 30374                                      | Contingent  |                  |
| City State Zip Code                                   | Unliquidated  |                  |
| Who owes the debt? Check one.                         | Disputed  |                  |
| Debtor 1 only   |   |                  |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only                            | Student loans   |                  |
| At least one of the debtors and another               | Obligations arising out of a separation agreement or divorce  |                  |
| Check if this claim relates to a                      | that you did not report as priority claims  |                  |
| community debt  | Debts to pension or profit-sharing plans, and other similar debts   |                  |
| Is the claim subject to offest?                       | _   |                  |
| Yes   | Other. Specify  |                  |
| 4.13 Experian   | Last 4 digits of account number   | \$ 0.00          |
| Creditor's Name                                       | <del></del>   | ·                |
| PO Box 2002   | When was the debt incurred? 9/23/2017 12:00:00 AM   |                  |
| Number Street   |   |                  |
|   | As of the date you file, the claim is: Check all that apply.  |                  |
|   | Contingent  |                  |
| Allen TX 75013  | Unliquidated  |                  |
| City State Zip Code Who owes the debt? Check one.     | Disputed  |                  |
| Debtor 1 only   |   |                  |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only                            | ☐ Student loans   |                  |
| At least one of the debtors and another               | Obligations arising out of a separation agreement or divorce  |                  |
| Check if this claim relates to a                      | that you did not report as priority claims  |                  |
| community debt  Is the claim subject to offest?       | Debts to pension or profit-sharing plans, and other similar debts   |                  |
| No  | Other. Specify  |                  |
| Yes   | Опот. Ореопу  |                  |

Page 24 of 63 Case Number (if known) **Document** Sydonnia Debtor 1

| Part 24 Your NONPRIORITY Unsecured Claims - Co         | ontinuation Page  |                         |                  |
|--|---|-------------------------|------------------|
| After listing any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so  | forth.                  | Total Claim      |
| 4.14 Express Cash Mart of Illinois, LLC                | Last 4 digits of account number   |                         | <b>\$</b> 203.00 |
| Creditor's Name  |   |                         |                  |
| PO Box 5598  | When was the debt incurred?   |                         |                  |
| Number Street  |   |                         |                  |
|  | As of the date you file, the claim is: Chec   | ck all that apply.      |                  |
| Elgin IL 60121   | Contingent  |                         |                  |
| City State Zip Code                                    | Unliquidated  |                         |                  |
| Who owes the debt? Check one.                          | Disputed  |                         |                  |
| Debtor 1 only  |   |                         |                  |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                         |                  |
| Debtor 1 and Debtor 2 only                             | Student loans   |                         |                  |
| At least one of the debtors and another                | Obligations arising out of a separation agr   | reement or divorce      |                  |
| Check if this claim relates to a community debt        | that you did not report as priority claims  Debts to pension or profit-sharing plans, a | and other similar debts |                  |
| Is the claim subject to offest?                        | Debts to pension of profit-straining plans, a   | and other similar debts |                  |
| No   | Other. Specify  |                         |                  |
| Yes  | _   |                         |                  |
| 4.15 First Premier BANK                                | Last 4 digits of account numberN  | <u>ULL</u>              | \$ <u>492.00</u> |
| Creditor's Name 601 S Minnesota Ave                    | When was the debt incurred?   | 011-2013                |                  |
| Number Street  | when was the dept incurred:   | <del></del>             |                  |
| - Namber Cases   | As of the date was file the date to Olive   | A Maria de Carlo        |                  |
|  | As of the date you file, the claim is: Chec   | ck all that apply.      |                  |
| Sioux Falls SD 57104                                   | Contingent Unliquidated   |                         |                  |
| City State Zip Code                                    | Disputed  |                         |                  |
| Who owes the debt? Check one.                          | Disputed  |                         |                  |
| Debtor 1 only  |   |                         |                  |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:  Student loans                                     |                         |                  |
| Debtor 1 and Debtor 2 only                             | Obligations arising out of a separation agr   | reament or divorce      |                  |
| At least one of the debtors and another                | that you did not report as priority claims  | eement of divorce       |                  |
| Check if this claim relates to a community debt        | Debts to pension or profit-sharing plans, a   | and other similar debts |                  |
| Is the claim subject to offest?                        |   |                         |                  |
| No   | Other. Specify Credit Card or Credit  | t Use                   |                  |
| Yes Tall I have Auth                                   |   |                         | * 220 00         |
| 4.16 Illinois State Toll Hwy Auth                      | Last 4 digits of account number   |                         | \$ <u>328.00</u> |
| Creditor's Name 2700 Ogden Ave.                        | When was the debt incurred?   |                         |                  |
| Number Street  | _   |                         |                  |
|  | As of the date you file, the claim is: Chec   | ok all that apply       |                  |
|  | Contingent  | ж ан шасарру.           |                  |
| Downers Grove IL 60515-1703                            | Unliquidated  |                         |                  |
| City State Zip Code                                    | Disputed  |                         |                  |
| Who owes the debt? Check one.                          | элералов  |                         |                  |
| Debtor 1 only  Debtor 2 only                           | Type of NONDBIODITY uncoursed eleims  |                         |                  |
| Debtor 2 only  Debtor 1 and Debtor 2 only              | Type of NONPRIORITY unsecured claim:  Student loans                                     |                         |                  |
| At least one of the debtors and another                | Obligations arising out of a separation agr   | reement or divorce      |                  |
| Check if this claim relates to a                       | that you did not report as priority claims  |                         |                  |
| community debt   | Debts to pension or profit-sharing plans, a   | and other similar debts |                  |
| Is the claim subject to offest?                        |   |                         |                  |
| No   | Other. Specify Fines  |                         |                  |
| Yes  |   |                         |                  |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis | sting any entries on this page, number them be     | eginning with 4.4, followed by 4.5, an   | d so forth.                  | Total Claim      |
|-----------|--|--|------------------------------|------------------|
| 4.17      | Lifequest  | Last 4 digits of account number          |                              | <u>\$822.00</u>  |
|           | Creditor's Name                                    |  |                              |                  |
|           | 2930 State Rd 22                                   | When was the debt incurred?              |                              |                  |
|           | Number Street                                      |  |                              |                  |
|           |  | As of the date you file, the claim is:   | Check all that apply.        |                  |
|           |  | Contingent                               | 117                          |                  |
|           | Wautoma WI 54982                                   | Unliquidated                             |                              |                  |
| l         | City State Zip Code                                | Disputed                                 |                              |                  |
| \ \ \ \ \ | Vho owes the debt? Check one.                      | Dispace                                  |                              |                  |
|           | Debtor 1 only                                      |  |                              |                  |
|           | Debtor 2 only                                      | Type of NONPRIORITY unsecured c          | laim:                        |                  |
|           | Debtor 1 and Debtor 2 only                         | Student loans                            |                              |                  |
| L         | At least one of the debtors and another            | Obligations arising out of a separation  |                              |                  |
|           | Check if this claim relates to a                   | that you did not report as priority cla  |                              |                  |
| l .       | community debt                                     | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
| IS        | s the claim subject to offest?                     | _  |                              |                  |
|           | No Tv  | Other. Specify                           |                              |                  |
| 4.40      | Yes<br>Medicredit, INC                             | Look 4 digits of account number          | 0582                         | <b>\$</b> 48.00  |
| 4.18      | Creditor's Name                                    | Last 4 digits of account number          |                              | <u> </u>         |
|           | Po Box 1629  | When was the debt incurred?              | 2016-2017                    |                  |
|           | Number Street                                      |  |                              |                  |
|           |  |  |                              |                  |
|           |  | As of the date you file, the claim is:   | Check all that apply.        |                  |
|           | Maryland Heights MO 63043                          | Contingent                               |                              |                  |
|           | City State Zip Code                                | Unliquidated                             |                              |                  |
| v         | Who owes the debt? Check one.                      | Disputed                                 |                              |                  |
|           | Debtor 1 only                                      |  |                              |                  |
|           | Debtor 2 only                                      | Type of NONPRIORITY unsecured c          | laim:                        |                  |
| [         | Debtor 1 and Debtor 2 only                         | Student loans                            |                              |                  |
| ΙĒ        | At least one of the debtors and another            | Obligations arising out of a separation  | on agreement or divorce      |                  |
| l ř       | Check if this claim relates to a                   | that you did not report as priority clai | ims                          |                  |
| -         | community debt                                     | Debts to pension or profit-sharing pla   | ans, and other similar debts |                  |
| Is        | s the claim subject to offest?                     | _  |                              |                  |
|           | No   | Other. Specify Medical Debt              |                              |                  |
|           | Yes  |  |                              |                  |
| 4.19      | Medicredit, INC                                    | Last 4 digits of account number          | 3610                         | <u>\$ 145.00</u> |
|           | Creditor's Name                                    | When we the debt in summed 2             | 2016-2017                    |                  |
|           | Po Box 1629  | When was the debt incurred?              | 2010 2011                    |                  |
|           | Number Street                                      |  |                              |                  |
|           |  | As of the date you file, the claim is:   | Check all that apply.        |                  |
|           | Manufaced Heights MO C2042                         | Contingent                               |                              |                  |
|           | Maryland Heights MO 63043                          | Unliquidated                             |                              |                  |
| v         | City State Zip Code  Vho owes the debt? Check one. | Disputed                                 |                              |                  |
|           | Debtor 1 only                                      | _  |                              |                  |
| l F       | Debtor 2 only                                      | Type of NONPRIORITY unsecured c          | laim:                        |                  |
|           | Debtor 1 and Debtor 2 only                         | Student loans                            |                              |                  |
|           | At least one of the debtors and another            | Obligations arising out of a separation  | on agreement or divorce      |                  |
|           |  | that you did not report as priority clai | -                            |                  |
| L         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing pla   |                              |                  |
| ls        | s the claim subject to offest?                     | Peors to bension or brotte-snaring bit   | ano, and other similar debis |                  |
|           | No   | Other. Specify Medical Debt              |                              |                  |
| 1 7       | Yes  | Other, Specify Medical Best              | <del></del>                  |                  |

Document Page 26 of 63 Debtor 1 Sydonnia First Name

| Par      | Your NONPRIORITY Unsecured Claims - C              | Continuation Page   |                    |
|----------|--|---|--------------------|
| After li | sting any entries on this page, number them b      | peginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
| 4.20     | MID AMERICA BK/TOTAL C                             | Last 4 digits of account number NULL                              | \$ <u>395.00</u>   |
|          | Creditor's Name                                    | When was the debt incurred? 2016-2017                             |                    |
|          | 5109 S Broadband Ln                                | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Sioux Falls SD 57108                               | Contingent  |                    |
|          | City State Zip Code                                | Unliquidated  |                    |
| <u> </u> | Who owes the debt? Check one.                      | Disputed  |                    |
|          | Debtor 1 only                                      |   |                    |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| [        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|          | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                    |
| l B      | No   | Cradit Card or Cradit Llag  |                    |
|          | Yes  | Other. Specify Credit Card or Credit Use                          |                    |
| 4.21     | Northern Plaines Funding                           | Last 4 digits of account number                                   | <b>\$</b> 300.00   |
|          | Creditor's Name                                    | <del></del>   |                    |
|          | PO Box 516   | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Hays MT 59527                                      | Unliquidated  |                    |
| V        | City State Zip Code  Vho owes the debt? Check one. | Disputed  |                    |
|          | Debtor 1 only                                      |   |                    |
| [        | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Ī        | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Ī        | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| "        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| ls ls    | s the claim subject to offest?                     | _   |                    |
|          | No T.,   | Other. Specify  |                    |
| 4 22     | Yes<br>Peoples Gas                                 | Last 4 digits of account number                                   | <b>\$</b> 1,000.00 |
| 4.22     | Creditor's Name                                    |   | · <u>·</u>         |
|          | 200 E. Randolph Dr.                                | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Chicago IL 60601                                   | Unliquidated  |                    |
| l v      | City State Zip Code  Vho owes the debt? Check one. | Disputed  |                    |
| l        | Debtor 1 only                                      |   |                    |
| li       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| 7        | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| "        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| ls ls    | s the claim subject to offest?                     |   |                    |
|          | No   | Other. Specify Utility Bills/Cellular Service                     |                    |
|          | Yes  |   |                    |

Schedule E/F: Creditors Who Have Unsecured Claims

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After I | isting any entries on this page, number them be  | eginning with 4.4, followed by 4.5, and so forth.                              | Total Claim      |
|---------|--|--|------------------|
|         | 1  |  |                  |
| 4.23    | Secretary of State   | Last 4 digits of account number  | \$ <u>0.00</u>   |
|         | Creditor's Name  | When was the debt incurred?  |                  |
|         | 2701 S. Dirksen Pkwy.  Number Street   | When was the dept incurred?  |                  |
|         | Number Street  |  |                  |
|         |  | As of the date you file, the claim is: Check all that apply.                   |                  |
|         | Springfield IL 62723   | Contingent   |                  |
|         | City State Zip Code  | Unliquidated   |                  |
| '       | Who owes the debt? Check one.  | Disputed   |                  |
|         | Debtor 1 only  |  |                  |
|         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                  |
|         | Debtor 1 and Debtor 2 only   | Student loans  |                  |
|         | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce                   |                  |
|         | Check if this claim relates to a   | that you did not report as priority claims                                     |                  |
|         | community debt   | Debts to pension or profit-sharing plans, and other similar debts              |                  |
|         | Is the claim subject to offest?  | _  |                  |
|         | No The state of th | Other. Specify Notice Only   |                  |
| 4.04    | Seventh Avenue   | Last 4 digits of account number NULL   | <b>\$</b> 410.00 |
| 4.24    | Creditor's Name  | Last 4 digits of account number NULL   | Ψσ.σσ            |
|         | 1112 7Th Ave   | When was the debt incurred? 2016-2017  |                  |
|         | Number Street  |  |                  |
|         |  | As of the date you file, the claim is: Check all that apply.                   |                  |
|         |  |  |                  |
|         | Monroe WI 53566  | Contingent   |                  |
|         | City State Zip Code  | Unliquidated   |                  |
|         | Who owes the debt? Check one.  | Disputed   |                  |
|         | Debtor 1 only  |  |                  |
|         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                  |
|         | Debtor 1 and Debtor 2 only   | Student loans  |                  |
|         | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce                   |                  |
|         | Check if this claim relates to a   | that you did not report as priority claims                                     |                  |
| ١.,     | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts              |                  |
|         | No   | Out of the Credit Cord or Credit Llee  |                  |
|         | Yes  | Other. Specify Credit Card or Credit Use                                       |                  |
| 4.25    | Silver Cloud Financial   | Last 4 digits of account number  | \$_700.00        |
| 1.20    | Creditor's Name  |  |                  |
|         | 635 East Hwy 20, C   | When was the debt incurred?  |                  |
|         | Number Street  |  |                  |
|         |  | As of the date you file, the claim is: Check all that apply.                   |                  |
|         |  | Contingent   |                  |
|         | Upper Lake CA 95485  | Unliquidated   |                  |
| Ι,      | City State Zip Code  Who owes the debt? Check one.   | Disputed   |                  |
|         |  |  |                  |
|         | Debtor 1 only  | Turns of MONDRIORITY and account of size                                       |                  |
|         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                  |
|         | Debtor 1 and Debtor 2 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce |                  |
|         | At least one of the debtors and another  | that you did not report as priority claims                                     |                  |
|         | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts              |                  |
|         | Is the claim subject to offest?  | E Source to periodor or profite situating plants, and outer situate debts      |                  |
|         | No   | Other. Specify   |                  |
|         | Yes  |  |                  |

Page 28 of 63 Case Number (if known) **Document** Debtor 1 Sydonnia First Name

Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them b | peginning with 4.4, followed by 4.5, and so forth.                 | Total Claim       |
|---|--|-------------------|
| 4.26 Transunion                                       | Last 4 digits of account number                                    | \$ <u>0.00</u>    |
| Creditor's Name                                       |  |                   |
| PO Box 1000   | When was the debt incurred? 9/23/2017 12:00:00 AM                  |                   |
| Number Street   |  |                   |
|   | As of the date you file the plain is. Check all that apply         |                   |
|   | As of the date you file, the claim is: Check all that apply.       |                   |
| Chester PA 19022                                      | Contingent   |                   |
|   | Unliquidated   |                   |
| City State Zip Code  Who owes the debt? Check one.    | Disputed   |                   |
| Debtor 1 only   | _  |                   |
|   | T. (NONDRIGHTY   |                   |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:  ☐                            |                   |
| Debtor 1 and Debtor 2 only                            | Student loans  |                   |
| At least one of the debtors and another               | Obligations arising out of a separation agreement or divorce       |                   |
| Check if this claim relates to a                      | that you did not report as priority claims                         |                   |
| community debt  | Debts to pension or profit-sharing plans, and other similar debts  |                   |
| Is the claim subject to offest?                       |  |                   |
| No  | Other. Specify   |                   |
| Yes   |  |                   |
| 4.27 Tri State Adjustment                             | Last 4 digits of account number                                    | <b>\$</b> _437.00 |
| Creditor's Name                                       |  |                   |
| 440 Challenge St                                      | When was the debt incurred?  |                   |
| Number Street   | <del></del>  |                   |
| 3.330   |  |                   |
|   | As of the date you file, the claim is: Check all that apply.       |                   |
|   | Contingent   |                   |
| Freeport IL 61032                                     | Unliquidated   |                   |
| City State Zip Code                                   | Disputed   |                   |
| Who owes the debt? Check one.                         |  |                   |
| Debtor 1 only   |  |                   |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:                               |                   |
| Debtor 1 and Debtor 2 only                            | Student loans  |                   |
| At least one of the debtors and another               | Obligations arising out of a separation agreement or divorce       |                   |
| Check if this claim relates to a                      | that you did not report as priority claims                         |                   |
| community debt  | Debts to pension or profit-sharing plans, and other similar debts  |                   |
| Is the claim subject to offest?                       | bests to pension of profices faring plans, and other similar debts |                   |
| No  | Other, Specify Debt Owed   |                   |
| Yes   | Other. Specify Debt Owed   |                   |
| LIS Collular  | Look & divide of account number                                    | <b>\$</b> 587.00  |
| 4.20  | Last 4 digits of account number                                    | <u> </u>          |
| Creditor's Name<br>PO Box 7835                        | When was the debt incurred?  |                   |
|   | Wileli was the dept incurred:                                      |                   |
| Number Street   |  |                   |
|   | As of the date you file, the claim is: Check all that apply.       |                   |
|   | Contingent   |                   |
| Madison WI 53707-7835                                 |  |                   |
| City State Zip Code                                   |  |                   |
| Who owes the debt? Check one.                         | Disputed   |                   |
| Debtor 1 only   |  |                   |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:                               |                   |
| Debtor 1 and Debtor 2 only                            | Student loans  |                   |
| At least one of the debtors and another               | Obligations arising out of a separation agreement or divorce       |                   |
|   | <del></del>  |                   |
| Check if this claim relates to a                      | that you did not report as priority claims                         |                   |
| community debt  | Debts to pension or profit-sharing plans, and other similar debts  |                   |
| Is the claim subject to offest?                       |  |                   |
| No  | Other. Specify Utility Bills/Cellular Service                      |                   |
| Yes   |  |                   |

Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main Case 17-28746 Page 29 of 63 **Document** Sydonnia Debtor 1 First Name
US DEPT OF ED/GleIsi **\$** 61,581.00 8581 4.29 Last 4 digits of account number \_ Creditor's Name 2009-2013 Po Box 7860 When was the debt incurred? Number Street

|  |                                | As o                      | f the date you                 | file, the c  | laim is: Check all that apply                              | y.  |
|--|--------------------------------|---------------------------|--------------------------------|--------------|--|---|
| Madison  | WI 53707                       | ∐o                        | Contingent                     |              |  |   |
| City   | State Zip Code                 |                           | Inliquidated                   |              |  |   |
| Who owes the debt?   |                                |                           | isputed                        |              |  |   |
| Debtor 1 only  |                                |                           |                                |              |  |   |
| Debtor 2 only  |                                | Туре                      | of NONPRIO                     | RITY unse    | cured claim:   |   |
| Debtor 1 and Debtor  | 2 only                         | S                         | tudent loans                   |              |  |   |
| At least one of the de   | ebtors and another             |                           | Obligations arisi              | ng out of a  | separation agreement or div                                | orce  |
| Check if this claim  | relates to a                   | tr                        | nat you did not i              | report as pi | riority claims   |   |
| community debt   |                                |                           | ebts to pension                | or profit-s  | haring plans, and other simil                              | ar debts  |
| Is the claim subject to  | offest?                        | _                         |                                |              |  |   |
| No<br>Yes_   |                                | Пс                        | other. Specify _               |              |  |   |
|  |                                |                           |                                |              |  |   |
| Part 3: List Others  | to Be Notified for a Debt Th   | nat You Air               | ready Listed                   |              |  |   |
| example, if a collection<br>2, then list the collection<br>additional creditors here | e. If you do not have addition | from you fo<br>you have r | or a debt you<br>more than one | owe to so    | meone else, list the origin<br>for any of the debts that y |   |
| Enhanced Recovery C  | orp., Bankruptcy Dept.         |                           |                                | On whic      | ch entry in Part 1 or Part 2                               | list the original creditor?                         |
| Name<br>8014 Bayberry Road   |                                |                           |                                | Line 3       | of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street  |                                |                           |                                |              |  | Part 2: Creditors with Nonpriority Unsecured Claims |
| Number Street  |                                |                           |                                |              |  | 1 at 2. Greditors with Nonphority Onsecured Glaims  |
|  |                                |                           |                                |              |  |   |
| Jacksonville   |                                | FL :                      | 32256                          | Last 4 d     | igits of account number                                    |   |
| City   |                                | State Zip Co              | ode                            |              | •  | <del></del>   |
| Atlas Acquisitions LLC,  | Bankruptcy Dept.               |                           |                                | On whic      | ch entry in Part 1 or Part 2                               | list the original creditor?                         |
| Name<br>PO Box 44  |                                |                           |                                | Line 4       | of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |
|  |                                |                           |                                |              | (,, ,, ,,  | _   |
| Number Street  |                                |                           |                                |              |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|  |                                |                           |                                |              |  |   |
| Muncie   |                                | IN 4                      | 47308                          | lact / d     | igits of account number                                    |   |
| City   |                                | State Zip Co              |                                | Last 4 u     | igits of account number                                    | <del></del>   |
| Oity   | -                              | state Zip Co              | oue                            |              |  |   |
| Arnold Scott Harris PC   | Bankruptcy Dept.               |                           |                                | On whic      | ch entry in Part 1 or Part 2                               | list the original creditor?                         |
| Name   | - 000                          |                           |                                | Lina 8       | of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |
| 111 W Jackson Blvd Si  | e 600                          |                           |                                | Line         | of (Check one):  | _   |
| Number Street  |                                |                           |                                |              |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|  |                                |                           |                                |              |  |   |
| Chicago  |                                | IL (                      | 60604                          | l act 4 d    | laite of account number                                    |   |
|  |                                |                           |                                | ∟ast 4 d     | ligits of account number                                   | <del></del>   |
| City   |                                | State Zip Co              | oue                            |              |  |   |
| ER Solutions, Inc., Bar  | kruptcy Dept.                  |                           |                                | On whic      | ch entry in Part 1 or Part 2                               | list the original creditor?                         |
| Name<br>PO Box 9007  |                                |                           |                                | <u>.</u> .   | ) -1.05  | Donat de Constituero with Drivate 11                |
| PO Box 9007  |                                |                           |                                | Line         | of (Check one):  | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street  |                                |                           |                                |              |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|  |                                |                           |                                |              |  |   |
|  |                                |                           |                                |              |  |   |
| Donton   |                                | 14/4                      | 00057                          |              |  |   |
| Renton   |                                | WA State Zip Co           |                                | Last 4 d     | igits of account number                                    |   |

Official Form 106E/F

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Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Sydonnia

Middle Name

Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|----|---|---|
|    | Add the amounts for each type of unsecured claim.       |   |
|    |   |   |

|                             |   |            | Total claim             |
|-----------------------------|---|------------|-------------------------|
| Total claims from Part 1    | 6a. Domestic support obligations  | 6a.        | \$0.00                  |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b.        | \$0.00                  |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.        | \$0.00                  |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.  | 6d.        | \$0.00                  |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.        | \$0.00                  |
|                             |   |            |                         |
|                             |   |            | Total claim             |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.        | Total claim \$61,581.00 |
|                             | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6f.<br>6g. | 04 504 00               |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority  |            | \$ 61,581.00            |
|                             | <ul><li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li><li>6h. Debts to pension or profit-sharing plans, and other</li></ul> | 6g.        | \$                      |

|              |                           | Caso 17                | 29746 Doc 1   | Filad 00/26/17                          | Entor                     | 24 09/26/1<br>صط                          | 7 1/1:30:38                                 | R Desc Main      |    |
|--------------|---------------------------|------------------------|---|---|---------------------------|---|---|------------------|----|
| Fill         | in this in                | formation to identi    |   |   |                           | 1 of 63                                   | 17 14.00.00                                 | Desc Main        |    |
| Deb          | otor 1                    | Sydonnia               |   | Bramlett                                |                           |   |   |                  |    |
|              |                           | First Name             | Middle Name   | Last Name                               |                           |   |   |                  |    |
|              | otor 2<br>use, if filing) | First Name             | Middle Name   | Last Name                               |                           |   |   |                  |    |
| Unit         | ted States                | Bankruptcy Court for   | the : <u>NORTHERN</u> District of   |   |                           |   |   |                  |    |
|              | se Number                 |                        |   | (State)                                 |                           |   |   | Check if this is |    |
|              | inown)                    | 1000                   |   |   |                           | _   |   | amended filing   | ı  |
|              |                           | orm 106G               |   |   |                           |   |   |                  | 4  |
|              |                           |                        | ry Contracts and  |   |                           |   |   |                  | 1: |
| nforma       | ation. If n               | nore space is need     | ossible. If two married peop<br>led, copy the additional pag<br>and case number (if known | e, fill it out, number the en           | n are equa<br>ntries, and | lly responsible fo<br>attach it to this p | or supplying correct<br>page. On the top of | ct<br>f any      |    |
| 1. <b>Do</b> | you hav                   | e any executory co     | ontracts or unexpired leases  | s?                                      |                           |   |   |                  |    |
|              | No. Ch                    | eck this box and su    | bmit this form to the court wi  | th your other schedules. Yo             | ou have no                | thing else to repo                        | rt on this form.                            |                  |    |
|              | Yes. Fil                  | I in all of the inform | ation below even if the contra  | acts or leases are listed in 3          | Schedule A                | A/B: Property (Offi                       | icial Form 106A/B)                          |                  |    |
|              |                           |                        |   |   |                           |   |   |                  |    |
|              | •                         | •                      | r company with whom you he cell phone). See the instruction                               |   |                           |   |   | •                |    |
|              | expired le                |                        | en phone). See the instruction  | יווא וווי וווא ווויוווו פוווי וווי וווי | uction boo                | kiet ioi iliole exal                      | riples of executory                         | Contracts and    |    |
| P            | erson or                  | company with who       | om you have the contract or   | · lease                                 |                           | State what                                | the contract or lea                         | ase is for       |    |
| 2.1          | DT Cros                   | dit AKA DriveTime      |   |   |                           |   |   |                  |    |
|              | Name                      | uit ARA Diive liille   |   |   | -                         |   |   |                  |    |
|              |                           | Indian School Rd       |   |   | -                         |   |   |                  |    |
|              | Number                    | Street                 |   |   |                           |   |   |                  |    |
|              | Phoenix<br>City           | [                      | AZ 88<br>State Z  | 5018<br>ip Code                         | -                         |   |   |                  |    |
| 2.2          |                           |                        |   |   |                           |   |   |                  |    |
|              | Name                      |                        |   |   | -                         |   |   |                  |    |
|              | Number                    | Street                 |   |   | -                         |   |   |                  |    |
|              | Number                    | Gucci                  |   |   |                           |   |   |                  |    |
|              | City                      |                        | State Z   | ip Code                                 | -                         |   |   |                  |    |
| 2.3          |                           |                        |   |   |                           |   |   |                  |    |
|              | Name                      |                        |   |   | -                         |   |   |                  |    |
|              | Number                    | Street                 |   |   | -                         |   |   |                  |    |
|              | Number                    | Gucci                  |   |   |                           |   |   |                  |    |
|              | City                      |                        | State Z   | ip Code                                 | -                         |   |   |                  |    |
| 2.4          |                           |                        |   |   |                           |   |   |                  |    |
| 2.7          | Name                      |                        |   |   | -                         |   |   |                  |    |
|              |                           |                        |   |   | -                         |   |   |                  |    |
|              | Number                    | Street                 |   |   |                           |   |   |                  |    |
|              | City                      |                        | State Z   | ip Code                                 | -                         |   |   |                  |    |
| 2.5          |                           |                        |   |   |                           |   |   |                  |    |
| ~_           | Name                      |                        |   |   | -                         |   |   |                  |    |
|              |                           |                        |   |   | -                         |   |   |                  |    |
|              | Number                    | Street                 |   |   |                           |   |   |                  |    |

State Zip Code

City

Official Form 106G

| Fill in this inf    | formation to identi    | fy your case:                       |                 |
|---------------------|------------------------|-------------------------------------|-----------------|
| Debtor 1            | Sydonnia               |                                     | Bramlett        |
|                     | First Name             | Middle Name                         | Last Name       |
| Debtor 2            | -                      |                                     |                 |
| (Spouse, if filing) | First Name             | Middle Name                         | Last Name       |
| United States I     | Bankruptcy Court for t | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         |                        |                                     | (State)         |
| (If known)          |                        |                                     |                 |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Ac        | Iditional Pa | ages, write your name and o          | case number (if known). Answ                                | er every questi | on.  |
|---------------|--------------|--------------------------------------|---|-----------------|--|
| 1. <b>D</b> o | you have     | any codebtors? (If you are           | filing a joint case, do not list eitl                       | her spouse as a | codebtor.)   |
|               | No.          |                                      |   |                 |  |
|               | Yes          |                                      |   |                 |  |
|               |              |                                      | n a community property state ovada, New Mexico, Puerto Rico |                 | ommunity property states and territories include gton, and Wisconsin.) |
|               | No. Go t     | to line 3.                           |   |                 |  |
|               | Yes. Did     | I your spouse, former spouse         | e, or legal equivalent live with yo                         | ou at the time? |  |
|               | _            | . Inwhich community state o          | or territory did you live?                                  |                 | Fill in the name and current address of that person.                   |
|               | <br>Name     | of your spouse, former spouse or leg | al equivalent   |                 |  |
|               | Numb         | er Street                            |   |                 |  |
|               | City         |                                      | State   | Zip Cod         | e  |
|               |              | F, or Schedule G to fill out (       | Solumn 2.   |                 | Column 2: The creditor to whom you owe the debt                        |
| 3.1           |              |                                      |   |                 | Check all schedules that apply:  Schedule D, line                      |
|               | Name         |                                      |   |                 | Schedule E/F, line   |
|               | Number       | Street                               |   |                 | Schedule G, line   |
|               | City         |                                      | State   | Zip Code        |  |
| 3.2           |              |                                      |   |                 | Schedule D, line   |
|               | Name         |                                      |   |                 | Schedule E/F, line   |
|               | Number       | Street                               |   |                 | Schedule G, line   |
|               | City         |                                      | State   | Zip Code        |  |
| 3.3           |              |                                      |   |                 | Schedule D, line   |
|               | Name         |                                      |   |                 | Schedule E/F, line   |
|               | Number       | Street                               |   |                 | Schedule G, line   |
|               | City         |                                      | State   | Zip Code        |  |

Official Form 106H Record # 752492 Schedule H: Your Codebtors Page 1 of 1

|                           |                      |                                  | Document   | Page 33 | 01 03  |
|---------------------------|----------------------|----------------------------------|------------|---------|--|
| Fill in this in           | nformation to identi | fy your case:                    |            |         |  |
| Debtor 1                  | Sydonnia             |                                  | Bramlett   | _       |  |
| Debtor 2                  | First Name           | Middle Name                      | Last Name  |         |  |
| (Spouse, if filing)       | First Name           | Middle Name                      | Last Name  |         |  |
| United States             | Bankruptcy Court for | the : <u>NORTHERN DISTRICT O</u> | F ILLINOIS |         |  |
| Case Number<br>(If known) | r                    |                                  | _          |         | Check if this is:  An amended filing   |
|                           |                      |                                  |            |         | A supplement showing post-petition chapter 13 income as of the following date: |
| Off: a: a l E             | a maa 1001           |                                  |            |         | chapter 13 income as of the following date.                                    |
| <u> Oπiciai F</u>         | <u>orm 106l</u>      |                                  |            |         | MM / DD / YYYY   |

### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Describe Employment   |   |  |              |                                   |
|----|---|---|--|--------------|-----------------------------------|
| 1. | Fill in your employment information   |   | Debtor 1                               |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers.  | Employment status   | X Employed Not employed                |              | Employed  Not employed            |
|    | Include part-time, seasonal, or self-employed work.   | Occupation  | CNA                                    |              |                                   |
|    | Occupation may Include student or homemaker, if it applies.   | Employers name  | JourneyCare                            |              |                                   |
|    |   | Employers address   | 2050 Claire Court<br>Glenview, IL 6002 |              | ,                                 |
|    |   | How long employed there?  | Since 9/1/2014                         |              |                                   |
| Pa | rt 2: Give Details About Monthl   | y Income  |  |              |                                   |
|    | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space | ve more than one employer, comb                                       | oine the information for a             |              | . •                               |
|    |   |   |  | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. |   | y and commissions (before all pa<br>calculate what the monthly wage w | •                                      | \$3,652.39   | \$0.00                            |
| 3. | Estimate and list monthly overti  | me pay.   |  | \$0.00       | \$0.00                            |
| 4. | Calculate gross income. Add line  | 2 + line 3.   |  | \$3,652.39   | \$0.00                            |

 Official Form 106I
 Record # 752492
 Schedule I: Your Income
 Page 1 of 2

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Debtor 1 Sydonnia

Sydonnia Document
Bramlett

First Name Middle Name Last Name

Case Number (if known)

|             |                |   |             | For Debtor 1               |       | For Debtor 2 or<br>non-filing spouse    |        |            |
|-------------|----------------|---|-------------|----------------------------|-------|---|--------|------------|
|             | Copy           | y line 4 here   | 4.          | \$3,652.39                 |       | \$0.00                                  |        |            |
| 5. <b>I</b> | ist all        | payroll deductions:   |             |                            |       |   |        |            |
|             | 5a. <b>1</b>   | ax, Medicare, and Social Security deductions  | 5a.         | \$584.20                   |       | \$0.00                                  | )      |            |
|             | 5b. <b>N</b>   | Mandatory contributions for retirement plans  | 5b.         | \$0.00                     |       | \$0.00                                  | )      |            |
|             | 5c. <b>V</b>   | oluntary contributions for retirement plans   | 5c.         | \$167.42                   |       | \$0.00                                  | )      |            |
|             | 5d. <b>F</b>   | Required repayments of retirement fund loans  | 5d.         | \$108.33                   |       | \$0.00                                  | _<br>) |            |
|             | 5e. <b>I</b> ı | nsurance  | 5e.         | \$190.06                   |       | \$0.00                                  | )      |            |
|             | 5f. <b>C</b>   | Domestic support obligations  | 5f.         | \$0.00                     |       | \$0.00                                  | )      |            |
|             | 5g. <b>L</b>   | Jnion dues  | 5g.         | \$0.00                     |       | \$0.00                                  | )      |            |
|             | 5h. <b>C</b>   | Other deductions. Specify:Life Insurance(D1),   | 5h.         | \$12.46                    |       | \$0.00                                  | )      |            |
| 6. <b>A</b> | dd the         | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.          | \$1,062.47                 |       | \$0.00                                  | )      |            |
| 7. C        | alcula         | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.          | \$2,589.92                 | ſ     | \$0.00                                  |        |            |
| 8. <b>L</b> | ist all        | other income regularly received:  |             | <del>+-,</del>             | -     | <b>V</b>                                |        |            |
|             | 8a.            | Net income from rental property and from operating a business,  |             |                            |       |   |        |            |
|             |                | profession, or farm   |             |                            |       |   |        |            |
|             |                | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |             |                            |       |   |        |            |
|             |                | monthly net income.   | 8a.         | \$0.00                     |       | \$0.00                                  |        |            |
|             | 8b.            | Interest and dividends  | 8b.         | \$0.00                     | _     | \$0.00                                  |        |            |
|             | 8c.            | Family support payments that you, a non-filing spouse, or a   | 8c.         | \$ 0.00                    |       | \$ 0.00                                 |        |            |
|             |                | dependent regularly receive   |             |                            | -     | * |        |            |
|             |                | Include alimony, spousal support, child support, maintenance, divorce   |             |                            |       |   |        |            |
|             |                | settlement, and property settlement.  |             |                            |       |   |        |            |
|             | 8d.            | Unemployment compensation   | 8d.         | \$0.00                     |       | \$0.00                                  |        |            |
|             | 8e.            | Social Security   | 8e.         | \$0.00                     |       | \$0.00                                  |        |            |
|             | 8f.            | Other government assistance that you regularly receive  | 8f.         | \$0.00                     |       | \$0.00                                  |        |            |
|             |                | Include cash assistance and the value (if known) of any non-cash  |             |                            |       |   |        |            |
|             |                | assistance that you receive, such as food stamps (benefits under the  |             |                            |       |   |        |            |
|             |                | Supplemental Nutrition Assistance Program) or housing subsidies.  |             |                            |       |   |        |            |
|             |                | Specify:  |             |                            |       |   |        |            |
|             | 8g.            | Pension or retirement income  | 8g.         | \$0.00                     |       | \$0.00                                  |        |            |
|             | 8h.            | Other monthly income. Specify: Tax Refund,  | 8h.         | \$225.00                   |       | \$0.00                                  |        |            |
| 9.          | Add            | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.          | \$225.00                   | _     | \$0.00                                  |        |            |
| 10.         |                | ulate monthly income. Add line 7 + line 9.  | 10.         | \$2,814.92                 | - [   | \$0.00                                  | ]= [   | \$2,814.92 |
|             | Add            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |             |                            | _     |   |        |            |
| 11.         | State          | e all other regular contributions to the expenses that you list in Schedu   | le J.       |                            |       |   |        |            |
|             | Inclu          | de contributions from an unmarried partner, members of your household,  | your depend | ents, your roommates, ar   | d     |   |        |            |
|             |                | r friends or relatives.   |             |                            |       |   |        |            |
|             |                | ot include any amounts already included in lines 2-10 or amounts that are   |             |                            | ı Sch | hedule J.                               |        |            |
|             | Spec           | ify:  |             |                            |       |   | 11.    | \$0.00     |
| 12.         |                | the amount in the last column of line 10 to the amount in line 11. The re   |             | •                          |       |   | [      |            |
|             |                | e that amount on the Summary of Schedules and Statistical Summary of C  |             | ities and Related Data, if | t app | olies                                   | 12.    | \$2,814.92 |
| 13.         | _              | ou expect an increase or decrease within the year after you file this for   | m?          |                            |       |   |        |            |
|             | X              |   |             |                            |       |   |        |            |
|             | Ц,             | Yes. Explain:   |             |                            |       |   |        |            |
|             |                |   |             |                            |       |   |        |            |

| Fill in this in                 | formation to identify your                               | case:                 |  |                       |  |                      |
|---------------------------------|--|-----------------------|--|-----------------------|--|----------------------|
| Debtor 1                        | Sydonnia   |                       | Bramlett   | Check i               | if this is:  |                      |
|                                 | First Name   | Middle Name           | Last Name  |                       | amended filing                                     |                      |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name           | Last Name  |                       | supplement showing pos<br>come as of the following |                      |
| United States                   | Bankruptcy Court for the :N                              | NORTHERN DISTRICT (   | OF ILLINOIS  | _                     |  |                      |
| Case Number                     |  |                       |  | MI                    | M / DD / YYYY                                      |                      |
| Off: -: - 1                     | 100 l  |                       |  | A :                   | separate filing for Debto                          | r 2 because Debtor 2 |
|                                 | <u>orm 106J</u>  |                       |  | ma                    | aintains a separate hous                           | ehold.               |
|                                 | e J: Your Expe   |                       |  |                       |  | 12/14                |
| -                               | -  |                       | ole are filing together, both<br>he top of any additional pa   |                       |  |                      |
| Part 1:                         | Describe Your Household                                  |                       |  |                       |  |                      |
| 1. Is this a joi                | nt case?   |                       |  |                       |  |                      |
|                                 | Go to line 2.  |                       |  |                       |  |                      |
| Yes. I                          | Does Debtor 2 live in a sep                              | parate nousehold?     |  |                       |  |                      |
|                                 |  | le a separate Schedu  | le J.  |                       |  |                      |
| 2. Do you h                     | nave dependents?   | X No                  |  | Dependent's relations | ship to Dependent's                                | Does dependent live  |
|                                 | st Debtor 1 and  |                       | this information for   | Debtor 1 or Debtor 2  | age  | with you? X No       |
| Debtor 2                        |  | each deper            | dent   |                       |  | Yes                  |
| names.                          | tate the dependents'                                     |                       |  |                       |  | X No                 |
|                                 |  |                       |  |                       |  | _ Yes                |
|                                 |  |                       |  |                       |  | x No                 |
|                                 |  |                       |  |                       |  | Yes                  |
|                                 |  |                       |  |                       |  | X No                 |
|                                 |  |                       |  |                       |  | Yes                  |
|                                 |  |                       |  |                       |  | X No                 |
|                                 |  |                       |  |                       |  | Yes                  |
| expense                         | expenses include<br>s of people other than               | X No                  |  |                       |  |                      |
| yourself                        | and your dependents?                                     | Yes                   |  |                       |  |                      |
|                                 | stimate Your Ongoing Mont                                |                       |  |                       |  |                      |
| -                               | -  |                       | less you are using this forn<br>supplemental <i>Schedule J</i> |                       | -  |                      |
| the applicable                  |  | n government assista  | ance if you know the value                                     |                       |  |                      |
| -                               | -  | =                     | Income (Official Form 106                                      | l.)                   |  | Your expenses        |
| 4. The rent                     | al or home ownership exp                                 | penses for your resid | ence. Include first mortgage                                   | e payments and        |  |                      |
|                                 | for the ground or lot.                                   |                       |  |                       | 4.   | \$595.00             |
|                                 | cluded in line 4:  |                       |  |                       |  |                      |
|                                 | al estate taxes  |                       |  |                       | 4a.  | \$0.00               |
|                                 | operty, homeowner's, or rer                              |                       |  |                       | 4b.  | \$0.00               |
|                                 | me maintenance, repair, ar<br>meowner's association or c |                       |  |                       | 4c.<br>4d.   | \$70.00<br>\$0.00    |
|                                 | association of t   | John Grand and Go     |  |                       | 4u.  | Ψ0.00                |

Schedule J: Your Expenses

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Sydonnia First Name

Debtor 1

Middle Name

Last Name

Case Number (if known) \_

|            |   |      | Your expense | es       |
|------------|---|------|--------------|----------|
| 5.         | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |              | \$0.00   |
| 6.         | Utilities:  |      |              |          |
|            | 6a. Electricity, heat, natural gas  | 6a.  |              | \$125.00 |
|            | 6b. Water, sewer, garbage collection  | 6b.  |              | \$0.00   |
|            | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |              | \$267.00 |
|            | 6d. Other. Specify:   | 6d.  | \$           | 0.00     |
| <b>'</b> . | Food and housekeeping supplies  | 7.   |              | \$351.00 |
| 3.         | Childcare and children's education costs  | 8.   |              | \$0.00   |
| ).         | Clothing, laundry, and dry cleaning   | 9.   |              | \$75.00  |
| 0.         | Personal care products and services   | 10.  |              | \$50.0   |
| 1.         | Medical and dental expenses   | 11.  |              | \$50.0   |
| 2.         | <b>Transportation</b> . Include gas, maintenance, bus or train fare.  Do not include car payments.    | 12.  |              | \$323.8  |
| 3.         | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |              | \$10.0   |
| 4.         | Charitable contributions and religious donations  | 14.  |              | \$0.00   |
| 5.         | Insurance.  |      |              |          |
|            | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |      |              |          |
|            | 15a. Life insurance   | 15a. |              | \$0.0    |
|            | 15b. Health insurance   | 15b. |              | \$0.0    |
|            | 15c. Vehicle insurance  | 15c. |              | \$125.0  |
|            | 15d. Other insurance. Specify:  | 15d. |              | \$0.0    |
| 6.         | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |              |          |
|            | Specify:  | 16.  |              | \$0.0    |
| 7.         | Installment or lease payments:  |      |              |          |
|            | 17a. Car payments for Vehicle 1   | 17a. |              | \$567.7  |
|            | 17b. Car payments for Vehicle 2   | 17b. |              | \$0.0    |
|            | 17c. Other. Specify:  | 17c. |              | \$0.0    |
|            | 17d. Other. Specify:  | 17d. |              | \$0.0    |
| 8.         | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |              |          |
|            | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  |              | \$0.0    |
| 9.         | Other payments you make to support others who do not live with you.                                   |      |              |          |
|            | Specify:  | 19.  |              | \$0.0    |
| 0.         | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |              |          |
|            | 20a. Mortgages on other property  | 20a. |              | \$ 0.0   |
|            | 20b. Real estate taxes  | 20b. | \$           | 0.0      |
|            | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$           | 0.0      |
|            |   | 204  | \$           | 0.0      |
|            | 20d. Maintenance, repair, and upkeep expenses   | 20d. | Ψ            | 0.0      |

Schedule J: Your Expenses

Sydonnia Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$5.00 Postage/Bank Fees (\$5.00), 21. 21. Other. Specify: \$2,614.63 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$2,814.92 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$2,614.63 23b. Copy your monthly expenses from line 22 above. 23b.-\$200.29 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

 Official Form 106J
 Record #
 752492
 Schedule J: Your Expenses
 Page 3 of 3

| Fill in this in           | formation to identi | ify your case:                    |                     |
|---------------------------|---------------------|-----------------------------------|---------------------|
| Debtor 1                  | Sydonnia            |                                   | Bramlett            |
|                           | First Name          | Middle Name                       | Last Name           |
| Debtor 2                  |                     |                                   |                     |
| (Spouse, if filing)       | First Name          | Middle Name                       | Last Name           |
|                           |                     | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |
| Case Number<br>(If known) | ſ <u></u>           |                                   |                     |

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT                | Γ an attorney to help you fill out bankruptcy forms?  |
| No  |   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
| Under penalty of perjury, I declare that I have read correct. | d the summary and schedules filed with this declaration and that they are true and            |
| 55.1553.  |   |
| 🗶 /s/ Sydonnia Bramlett                                       | ×   |
| Signature of Debtor 1   | Signature of Debtor 2   |
| Date _09/25/2017  | Date  |
| MM / DD / YYYY  | MM / DD / YYYY  |
|   |   |

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| Fill in this in     | formation to ide   | entify your case:                       |           |
|---------------------|--------------------|---|-----------|
| Debtor 1            | Sydonnia           |   | Bramlett  |
|                     | First Name         | Middle Name                             | Last Name |
| Debtor 2            |                    |   |           |
| (Spouse, if filing) | First Name         | Middle Name                             | Last Name |
| United States       | Bankruptcy Court f | for the : <u>NORTHERN</u> District of _ |           |
| Case Number         | r                  |   | (State)   |
| (If known)          |                    |   | _         |
|                     |                    |   |           |

#### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

|              | ation. If more space is needed, attach a separat r (if known). Answer every question.  Give Details About Your Marital Status and |                                | op or any additional pages, write your nar | ine and case                  |
|--------------|---|--------------------------------|--|-------------------------------|
| 01. <b>W</b> | hat is your current marital status?   |                                |  |                               |
|              | Married   |                                |  |                               |
|              | Not married   |                                |  |                               |
| _            | uring the last 3 years, have you lived anywhere   | other than where you live no   | w?   |                               |
| _            | No. Yes. List all of the places you lived in the last 3   | vears. Do not include where v  | YOU live now                               |                               |
|              | res. List ail of the places you lived in the last o   | years. Do not include where y  | ou live now.                               |                               |
|              | Debtor 1  | Dates Debtor 1 lived there     | Debtor 2:                                  | Dates Debtor 2<br>lived there |
|              |   |                                | Same as Debtor 1                           | Same as Debtor 1              |
|              | 5300 S Hyde Park Blvd   | _ FROM 03/2011                 |  |                               |
|              | Chicago IL 60615-5717   | _ To 10/2013                   |  |                               |
|              |   | _                              |  |                               |
|              |   |                                | Same as Debtor 1                           | Same as Debtor 1              |
|              | 3436 S Western Ave  | _ FROM 11/2013                 |  |                               |
|              | Chicago IL 60608-6073   | _ To 03/2017                   |  |                               |
|              |   | _                              |  |                               |
| pr           | ithin the last 8 years, did you ever live with a spoperty states and territories include Arizona, Cond Wisconsin.)                |                                |  | =                             |
|              | No.   |                                |  |                               |
|              | Yes. Make sure you fill out Schedule H: Your C  | odebtors (Official Form 106H). |  |                               |
|              |   |                                |  |                               |
| Part         | Explain the Sources of Your Income  |                                |  |                               |
|              |   |                                |  |                               |
|              |   |                                |  |                               |
|              |   |                                |  |                               |
|              |   |                                |  |                               |
|              |   |                                |  |                               |

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Debtor 1 Sydonnia Bramlett Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$ 30,343 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$ 33,073 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, \$ 31,797 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

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Sydonnia Bramlett Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment Include creditor's name payment Identify Legal actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No. Yes. Fill in the details. Court or agency Nature of the case Status of the case 10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11 Yes. Fill in the information below.

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Sydonnia Bramlett Case Number (if known) Debtor 1 First Name Middle Name Last Name Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No. Go to line 11 Yes. Fill in the information below. 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes. **List Certain Gifts and Contributions** Part 5: 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No. Yes. Fill in the details for each gift. 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift. List Certain Losses Part 6: 15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No. Yes. Fill in the details for each gift. **List Certain Payments or Transfers** Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No. Yes. Fill in the details Party Contact Info Description and value of any property transferred Date payment Amount of payment or transfer 2017 Payment/Value: Geraci Law L.L.C. \$4,000.00: \$0.00 55 E. Monroe Street #3400 paid prior to filing, Chicago,IL 60603 balance to be paid through the plan. **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services 2017 Hananwill Credit Counseling \$25.00 115 N. Cross St. Robinson, IL 62454

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| Debte | or 1   | Sydonnia  | Bramlett  | Case                          | Number (if known)                                    |   |  |  |  |  |
|-------|--|---|---|-------------------------------|--|---|--|--|--|--|
|       |  | First Name Middl  | ddle Name Last Name   |                               |  |   |  |  |  |  |
| 17    | pro  |   | ankruptcy, did you or anyone else acting on<br>ur creditors or to make payments to your cr<br>nsfer that you listed on line 16.                 |                               | sfer any property to any                             | one who                                 |  |  |  |  |
|       |  | No.   |   |                               |  |   |  |  |  |  |
|       |  | Yes. Fill in the details.   |   |                               |  |   |  |  |  |  |
| 18    | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  Do not include gifts and transfers that you have already listed on this statement. |   |   |                               |  |   |  |  |  |  |
|       | _  | No.<br>Yes. Fill in the details for each gift                           | ift.  |                               |  |   |  |  |  |  |
| 19    |  | hin 10 years before you filed for<br>neficiary? (These are often called | r bankruptcy, did you transfer any property<br>d asset-protection devices.)   | to a self-settled trust or s  | similar device of which                              | you are a                               |  |  |  |  |
|       | _  | No. Yes. Fill in the details for each giff                              | ift.  |                               |  |   |  |  |  |  |
|       | art 8:   | List Certain Financial Accoun   | unts, Instruments, Safe Deposit Boxes, and Sto  | orage Units                   |  |   |  |  |  |  |
| 20    | solo   | d, moved, or transferred?<br>lude checking, savings, money n            | pankruptcy, were any financial accounts or i<br>market, or other financial accounts; certific<br>yes, associations, and other financial institu | cates of deposit; shares in   | · -  |   |  |  |  |  |
|       |  | No.   |   |                               |  |   |  |  |  |  |
|       |  | Yes. Fill in the details.   |   |                               |  |   |  |  |  |  |
|       |  |   | Last 4 digits of account number   | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |  |  |  |  |
| 21    | cas  | h, or other valuables?  | within 1 year before you filed for bankrupto  | ey, any safe deposit box o    | or other depository for s                            | securities,                             |  |  |  |  |
|       | Ц  | Yes. Fill in the details.   | Who else had access to it?  | Describe the conte            | nts  | Do you still                            |  |  |  |  |
|       |  |   |   |                               |  | have it?                                |  |  |  |  |
| 22    |  | ve you stored property in a storage  No.  Yes. Fill in the details.     | age unit or place other than your home with   | nin 1 year before you filed   | for bankruptcy?                                      |   |  |  |  |  |
|       |  |   | Who else has or had access to it?   | Describe the conte            | nts  | Do you still have it?                   |  |  |  |  |
| F     | art 9  | Identify Property You Hold or   | or Control for Someone Else   |                               |  |   |  |  |  |  |
| 23    |  | you hold or control any property someone.                               | ty that someone else owns? Include any pro  | operty you borrowed from      | n, are storing for, or ho                            | ld in trust                             |  |  |  |  |
|       | _  | No.<br>Yes. Fill in the details.  |   |                               |  |   |  |  |  |  |
|       |  |   | Where is the property?  | Describe the prope            | erty   | Value                                   |  |  |  |  |
|       |  |   |   |                               |  |   |  |  |  |  |
|       |  |   |   |                               |  |   |  |  |  |  |
|       |  |   |   |                               |  |   |  |  |  |  |
|       |  |   |   |                               |  |   |  |  |  |  |

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Debtor 1 Sydonnia Page 44 of 63

Bramlett Case Number (if known)

|     | First Name   | Middle Name  | Last Name   |   |                    |  |  |  |  |
|-----|--|--|---|---|--------------------|--|--|--|--|
| Pa  | Give Details About Enviro  | onmental Information   |   |   |                    |  |  |  |  |
| For | the purpose of Part 10, the follow   | wing definitions apply:  |   |   |                    |  |  |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  |  |   |   |                    |  |  |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.   |  |   |   |                    |  |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  |  |   |   |                    |  |  |  |  |
| Rep | port all notices, releases, and pro  | ceedings that you know at  | oout, regardless of when t  | hey occurred.   |                    |  |  |  |  |
| 24  | Has any governmental unit notif  | fied you that you may be li  | able or potentially liable u  | nder or in violation of an environmental la                                       | w?                 |  |  |  |  |
|     | No.  |  |   |   |                    |  |  |  |  |
|     | Yes. Fill in the details.  |  |   |   |                    |  |  |  |  |
|     |  | Governmental   | unit  | Environmental law, if you know it   | Date of notice     |  |  |  |  |
| 25  | Have you notified any government   | ental unit of any release of   | hazardous material?   |   |                    |  |  |  |  |
|     | No.  |  |   |   |                    |  |  |  |  |
|     | Yes. Fill in the details.  |  |   |   | D                  |  |  |  |  |
|     |  | Governmental   | unit  | Environmental law, if you know it   | Date of notice     |  |  |  |  |
| 26  | Have you been a party in any jud   | dicial or administrative pro   | ceeding under any enviro  | nmental law? Include settlements and ord  | lers.              |  |  |  |  |
|     | No.  |  |   |   |                    |  |  |  |  |
|     | Yes. Fill in the details.  |  |   |   |                    |  |  |  |  |
|     |  | Court or agenc   | y   | Nature of the case  | Status of the case |  |  |  |  |
|     |  |  |   |   |                    |  |  |  |  |
| Pa  | Give Details About Your E  | Business or Connections to A   | Any Business  |   |                    |  |  |  |  |
|     |  |  | -   | of the following connections to any busin   | ess?               |  |  |  |  |
|     | Within 4 years before you filed f  | or bankruptcy, did you ow<br>employed in a trade, profe  | n a business or have any  | of the following connections to any busin<br>her full-time or part-time           | ess?               |  |  |  |  |
|     | Within 4 years before you filed f  | for bankruptcy, did you ow<br>employed in a trade, profe<br>ability company (LLC) or lin   | n a business or have any  | of the following connections to any busin<br>her full-time or part-time           | ess?               |  |  |  |  |
|     | Within 4 years before you filed f  | for bankruptcy, did you ow<br>employed in a trade, profe<br>ability company (LLC) or lin   | n a business or have any ssion, or other activity, eit nited liability partnership (  | of the following connections to any busin<br>her full-time or part-time           | ess?               |  |  |  |  |
|     | Within 4 years before you filed for the sole proprietor or self-call A member of a limited lia   A partner in a partnership   An officer, director, or ma  | for bankruptcy, did you ow<br>employed in a trade, profest<br>sbility company (LLC) or lin<br>p<br>anaging executive of a cor  | n a business or have any ession, or other activity, eit nited liability partnership (   | of the following connections to any busin<br>her full-time or part-time           | ess?               |  |  |  |  |
|     | Within 4 years before you filed for the second of the seco | for bankruptcy, did you ow<br>employed in a trade, profest<br>ability company (LLC) or lin<br>p<br>anaging executive of a cor<br>of the voting or equity secu  | n a business or have any ession, or other activity, eit nited liability partnership (   | of the following connections to any busin<br>her full-time or part-time           | ess?               |  |  |  |  |
|     | Within 4 years before you filed for the proprietor or self-call and a member of a limited liated A partner in a partnership An officer, director, or many An owner of at least 5% of the No. None of the above applies   | for bankruptcy, did you ow employed in a trade, profesobility company (LLC) or ling anaging executive of a corof the voting or equity secus. Go to Part 12.  | n a business or have any ession, or other activity, eit nited liability partnership (poration   | of the following connections to any busin<br>her full-time or part-time           | ess?               |  |  |  |  |
|     | Within 4 years before you filed for the second of the seco | for bankruptcy, did you ow employed in a trade, profesobility company (LLC) or ling anaging executive of a corof the voting or equity secus. Go to Part 12.  | n a business or have any ession, or other activity, eit nited liability partnership (poration   | of the following connections to any busin<br>her full-time or part-time           | ess?               |  |  |  |  |
| 27  | Within 4 years before you filed for the proprietor or self-call and a member of a limited liated A partner in a partnership An officer, director, or material An owner of at least 5% of the No. None of the above applied Yes. Check all that apply about   | for bankruptcy, did you ow<br>employed in a trade, profest<br>ability company (LLC) or lind<br>panaging executive of a cor-<br>of the voting or equity secu-<br>s. Go to Part 12.<br>ve and fill in the details below<br>for bankruptcy, did you giv | n a business or have any ession, or other activity, eit nited liability partnership (poration urities of a corporation w for each business. | of the following connections to any busin<br>her full-time or part-time           |                    |  |  |  |  |
| 27  | Within 4 years before you filed for the second of the seco | for bankruptcy, did you ow<br>employed in a trade, profest<br>ability company (LLC) or lind<br>panaging executive of a cor-<br>of the voting or equity secu-<br>s. Go to Part 12.<br>ve and fill in the details below<br>for bankruptcy, did you giv | n a business or have any ession, or other activity, eit nited liability partnership (poration urities of a corporation w for each business. | of the following connections to any busin<br>ther full-time or part-time<br>(LLP) |                    |  |  |  |  |
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 Debtor 1
 Sydonnia
 Bramlett
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| Part 12: Sign Below             |  |  |
|---------------------------------|--|--|
| answers are true and corre      | ect. I understand that making a false statement,<br>ruptcy case can result in fines up to \$250,000, o | tachments, and I declare under penalty of perjury that the<br>, concealing property, or obtaining money or property by fraud<br>or imprisonment for up to 20 years, or both. |
| 🗶 /s/ Sydonnia Bram             | nlett 🗶  |  |
| Signature of Debtor 1           | Si   | gnature of Debtor 2  |
| Date 09/25/2017<br>MM / DD / YY | Da   | MM / DD / YYYY   |
| Did you attach additional p     | pages to Your Statement of Financial Affairs fo  | r Individuals Filing for Bankruptcy (Official Form 107)?   |
| No                              |  |  |
| Yes                             |  |  |
| Did you pay or agree to pa      | ny someone who is not an attorney to help you  | fill out bankruptcy forms?   |
| No                              |  |  |
| Yes. Name of person             |  | Attach the Bankruptcy Petition Preparer's Notice,  |
|                                 |  | Declaration, and Signature (Official Form 119).  |
|                                 |  |  |

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B2030 (Form 2030) (12/15)

## United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In  | re                      |                            |  |   |                                     |                     |                          |                                       |           |
|-----|-------------------------|----------------------------|--|---|-------------------------------------|---------------------|--------------------------|---------------------------------------|-----------|
| Syc | donnia Bra              | mlett / Del                | otor                                   |   |                                     | •                   | Case No:                 |                                       |           |
|     |                         |                            |  |   |                                     | (                   | Chapter:                 | Chapter 13                            |           |
|     |                         |                            | DISCL                                  | OSURE OF COME   | PENSATION O                         | F ATTORNEY          | FOR DEB                  | STOR                                  |           |
|     | npensation p            | oaid to me v               | . § 329(a) and Fed within one year bet | . Bankr. P. 2016(b), fore the filing of the ebtor(s) in contemple | I certify that I a petition in bank | im the attorney for | or the aboved to be paid | e named debtor(<br>I to me, for servi | ices      |
|     | For legal               | services, I                | have agreed to acc                     | ept   | \$4,000.00                          |                     |                          |                                       |           |
|     | Prior to th             | ne filing of               | this statement I ha                    | ve received   | \$0.00                              |                     |                          |                                       |           |
|     | Balance I               | Due                        |  | •   | \$4,000.00                          |                     |                          |                                       |           |
| 2.  | The sourc               | e of the cor               | npensation paid to                     | me was:   |                                     |                     |                          |                                       |           |
|     | Deb                     | otor(s)                    | Other: (sp                             | pecify)   |                                     |                     |                          |                                       |           |
| 3.  | The sourc               | e of compe                 | nsation to be paid                     | to me is:   |                                     |                     |                          |                                       |           |
|     | De                      | btor(s)                    | Other: (sp                             | necify)   |                                     |                     |                          |                                       |           |
| 4.  |                         | e not agree<br>y law firm. |  | ve-disclosed compen   | sation with any                     | other person unle   | ess they ar              | e members and a                       | ssociates |
|     |                         | y law firm.                |  | isclosed compensation eement, together with                       |                                     |                     |                          |                                       |           |
| 5.  | In return f case, inclu |                            | e-disclosed fee, I h                   | nave agreed to rende  | r legal service f                   | or all aspects of t | the bankruj              | otcy                                  |           |
|     |                         |                            | debtor' s financial s                  | situation, and render   | ing advice to the                   | e debtor in deterr  | nining who               | ether to file a pet                   | ition in  |
|     |                         | ruptcy;                    | filing of any netiti                   | on, schedules, stater   | nents of affairs                    | and plan which m    | nav he regi              | iired:                                |           |
|     | •                       |                            |  | meeting of creditors  |                                     | •                   |                          |                                       | reof·     |
|     | o. Itopi                |                            | of the decical at the                  | moving or orounds.  | , <b>u.i.u.</b> •0                  | on nearms, and e    | any aajoan               | iou nourings uno                      | .001,     |
| 6.  | By agreen               | nent with th               | e debtor(s), the ab                    | ove-disclosed fee do  | es not include t                    | he following serv   | vice:                    |                                       |           |
|     |                         |                            |  |   |                                     |                     |                          |                                       |           |
|     |                         |                            |  | CEI<br>ing is a complete sta<br>tation of the debtor(             | •                                   | greement or arra    | •                        | or                                    |           |
|     |                         | Date:                      | 09/26/2017                             | /s/   | Lisa LaShawn                        | . Halev             |                          |                                       |           |
|     |                         | Date                       |  |   | gnature of Attor                    |                     | =                        |                                       |           |
|     |                         |                            |  | C   | Geraci Law L.L.                     | C.                  |                          |                                       |           |

752492 Page 1 of 1 Record #

Name of law firm

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## UNITED STATES BANKRUPT OF COURT NORTHERN DISTRICT OF ILLINOIS

#### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main 3. Personally review with the debtor and signethe confided perifice, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

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- Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main 2. Inform the debtor that the debtor musicum mentual Rade 14th of 6se of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307 (a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

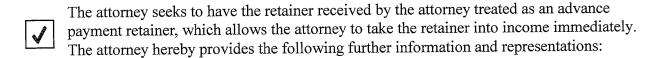


# Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main C. TERMINATION OR CONVERSION OF THE SEASON FIER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



- Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Mail Any portion of the retainer that ocument ned bacquire of 63 expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank]



#### Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main F. ALLOWANCE AND PAYMENT OF ATTORNOY \$ 275 6\$ AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$310.00

| 3. Before signing this agreement, the attorney   | has received, | \$          | 0      |               |
|--|---------------|-------------|--------|---------------|
| toward the flat fee, leaving a balance due of \$ | 4000.00       | _; and \$ _ | 125.00 | _for expenses |
| leaving a balance due for the filing fee of \$   | 185.00        |             |        |               |

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: \_\_

Signed:

111

Co-Debtor(s)

Attorney for the Debtor's

Do not sign this agreement if the amounts are blank.

## Case 17-28746 Doc 1 Filed **இது 26/14w Entere**d 09/26/17 14:30:38 Desc Main National Headquarters: 55 E. Monroe நக்கும் #3499 Chica இது 6063 of 1893-925-1313 help@geracilaw.com

Date: 9/23/2017

Consultation Attorney: LLH

Record #: **752-492** 

#### **Attorney - Client Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions. I have signed and received a copy the "Court Approved Retention Agreement" (CARA) between Chapter 13 Debtors and their Attorneys" as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I understand I must comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be the fee stated in the CARA I have received the 11U.S.C § 527(a) disclosures. I have been advised of my chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. More than one attorney and paralegal will work on my case.

FEES: This does NOT INCLUDE court filing fees of \$310, costs for credit counseling or financial management classes. Any amount not paid prior to the case being filed shall be paid through the Chapter 13 Trustee. These fees are fixed, but the attorneys may apply to the court for additional fees if allowed by the CARA or other circumstances, such as extended evidentiary hearings, contested adversary proceedings or appeals. If the Court awards additional fees, they will also be paid through the Chapter 13 Trustee. Fees are "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

**No other work**: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankrutpcy is my responsibility.

Injury or other claims or property | must disclose any such claims or propery | now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment\_and obtain authority to keep them or pay those claims to the Trustee.

My plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support

| obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a divorce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other:  |
|--|
| My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; other   |
| Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly   |
| Debts not discharged if they not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge.  Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters.  |
| If I am eligible to receive a tax refund during my Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. This may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan. |
| I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full   |

disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a

domestic support obligation, fail to certify to the Court that I have remained current, or if I fail to take my financial management class, that my case may be closed without a discharge, and I will be required to pay a fee to have it reopened.

X

Sydgmia Bramlett (Debtor)

X

Attorney for the Debtor(s)

Representing Geraci Law L.L.C.

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Sydonnia Bramlett / Debtor | Bankruptcy Docket #: |
|----------------------------|----------------------|
|                            |                      |

Judge:

| <b>VERIFIC</b> | ATION | $\triangle E$ | CDEDI: |     | RAAT | <b>TDIV</b> |
|----------------|-------|---------------|--------|-----|------|-------------|
| VERIFIC        | AIIUN | UF            | CKEDI  | IUR | IVIA |             |

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 09/25/2017 /s/ Sydonnia Bramlett

**Sydonnia Bramlett** 

X Date & Sign

Record # 752492 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

In re Sydonnia Bramlett /

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Desc Main

B 201A (Form 201A) (11/11)

#### UNITED STATES BANKRUPTCY COURT

#### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

B 201A (Form 201A) (11/11) 752492 Page 1 of 2 Record #

Form B 201A, Notice to Consumer Debtor(s)

In re Sydonnia Bramlett / Debto

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 09/25/2017 | /s/ Sydonnia Bramlett        |   |
|-------------------|------------------------------|---|
|                   | Sydonnia Bramlett            | _ |
| Dated: 09/26/2017 | /s/ Lisa LaShawn Haley       |   |
|                   | Attorney: Lisa LaShawn Haley | _ |

Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main Page 57 of 63 Document Sydonnia Bramlett Case Number (if known) Debtor 1 First Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. **⊸i**No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? Do you estimate that after any exempt property is ∏No. excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? **1** 25.001-50.000 1,000-5,000 1-49 18. How many creditors do 5,001-10,000 **50,001-100,000** you estimate that you □ 50-99 ■ More than 100,000 10,001-25,000 owe? □ 100-199 200-999 □\$500,000,001-\$1 billion □ \$1,000,001-\$10 million \$0-\$50,000 19. How much do you ☐ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion \$50,001-\$100,000 estimate your assets to □ \$50,000,001-\$100 million ☐\$10,000,000,001-\$50 billion be worth? **\$100,001-\$500,000** ☐More than \$50 billion \$100,000,001-\$500 million \$500,001-\$1 million □\$500,000,001-\$1 billion ■ \$1,000,001-\$10 million \$0-\$50,000 How much do you 20. ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,001-\$50 million \$50,001-\$100,000 estimate your liabilities □ \$10,000,000,001-\$50 billion □ \$50,000,001-\$100 million \$100,001-\$500,000 to be? ☐ More than \$50 billion ☐ \$100,000,001-\$500 million \$500,001-\$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtorn

Signature of Debtor 2

MM / DD / YYYY

Executed on

Record # 752492

| (   | Case 17-28746                         | Doc 1              | Filed 09/26/17<br>Document                               | Entered 09/26/17 14:30:38<br>Page 58 of 63  | Desc Main            |     |
|---|---------------------------------------|--------------------|--|---|----------------------|-----|
| Fill in this inf  | ormation to identify your c           | ase:               |  |   |                      |     |
| Debtor 1  | Sydonnia<br>First Name                | Middle Name        | Bramlett<br>Last Name                                    |   |                      |     |
| Debtor 2<br>(Spouse, if filing)   | First Name                            | Middle Name        | Last Name  |   |                      |     |
| United States Case Number   | s Bankruptcy Court for the : <u>N</u> | <u>ORTHERN</u> Dis | strict of <u>ILLINOIS</u><br>(State)                     | \·  | Check if this is an  |     |
| (If known)  |                                       |                    |  |   | amended filing       |     |
|   |                                       |                    |  | •   |                      |     |
|   | Form 106 Dec                          | Individi           | ual Debtor's Sc  | hedules   | 12                   | 2/1 |
|   |                                       |                    | ily responsible for supplying                            |   |                      | _   |
| You must file   |                                       | e bankruptcy s     | schedules or amended scho<br>ith a bankruptcy case can r | edules. Making a false statement, concealing propersult in fines up to \$250,000, or imprisonment for | erty, or<br>up to 20 |     |
|   | Sign Below                            |                    |  |   |                      |     |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |                                       |                    |  |   |                      |     |
| ■ No  |                                       |                    | •  |   |                      |     |

Attach Bankruptcy Petition Preparer's Notice, Declaration, and

Signature (Official Form 119).

Yes. Name of Person \_

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and

Signature of Debtor 2

Date MM / DD / YYYY

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| Debtor 1 | Sydonnia   |             | Bramlett  | Case Number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
|          | First Name | Middle Name | Last Name |                        |  |

| Part 12:  | Sign Below  |  |  |  |
|---|---|--|--|--|
| answers   | read the answers on this Statement of Financial Affairs and any attachmers are true and correct. I understand that making a false statement, concenction with a bankruptcy case can result in fines up to \$250,000, or impri | aling property, or obtaining money or property by fraud  |  |  |
| Six   | Signature of Debtor 1 Signature   | of Debtor 2  |  |  |
| Da  | Date  | M / DD / YYYY  |  |  |
| Did you   | ou attach additional pages to Your Statement of Financial Affairs for Indivi  | duals Filing for Bankruptcy (Official Form 107)?   |  |  |
| ■ No  | 0   |  |  |  |
| <del>-</del>  |   |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? |   |  |  |  |
| No  | 0   |  |  |  |
| Yes   | es. Name of person  | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |
|   |   |  |  |  |

### Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main DISCLAIMED CHARGE have read agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
  6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

| 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loan   | s.   |
|---|------|
| The Undersigned have read the above & assume the risk that a debt of not discharged in bankruptcy, that our non-exempt property will be taken and sold by the   | ìе   |
| bankruptey trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the o  | case |
| Deliniques of the state of the |      |

Dated: 25/2017

Svaonnia Bramlett

X Date & Sign

Record # 752492 Asset Disclosure Page 1 of 1

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#### **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

in re

Sydonnia Bramlett / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Sydonnia Bramlett

X Date & Sign

Case 17-28746 Doc 1 Filed 09/26/17 Entered 09/26/17 14:30:38 Desc Main Document Page 62 of 63

Part 4:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Sydoonia Bramlett

Date: 7/28 /2017

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Form B 201A, Notice to Consumer Debtor(s)

In re Sydonnia Bramlett / Debtor

Page 2

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Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

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After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated:

ý /2017

Sydonnia Bramlett

X Date & Sign

Dated: \_\_\_/\_/ Ø/201

Attorney: Lisa LaShawn Ha

Form B 201A, Notice to Consumer Debtor(s)

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